


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90089 013 ****70.00

DOCUMENT # N98000001669 1. Entity Name LATTER RAIN CHURCH OF JESUS CHRIST APOSTOLIC INC.					
Principal Place of Business 4102 N. PINEHILLS RD ORLANDO, FL 32808			Mailing Address 4102 N. PINEHILLS RD ORLANDO, FL 32808		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-2402035	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CLARK, EASTON G 6385 ROYAL TERN STREET ORLANDO, FL 32810					
7. Name and Address of New Registered Agent Name DOREEN BROWN Street Address (P.O. Box Number is Not Acceptable) 725 ALFRED DRIVE ORLANDO City FL Zip Code 32810					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE D. BROWN DATE 2-8-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, EASTON <input type="checkbox"/> Delete 6385 ROYAL TERN STREET ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, EASTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4211 PLANTATION COVE DRIVE ORLANDO, FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. WHITE, JOEL <input checked="" type="checkbox"/> Delete 6244 WESTON LANE COURT ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DOREEN <input type="checkbox"/> Delete 725 ALFRED DRIVE ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, KENERY <input type="checkbox"/> Delete 725 ALFRED DRIVE ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: D. BROWN, DOREEN BROWN 2-8-07 407-740-7924 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					