

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000003808		
1. Entity Name LATTER-RAIN OF GRACE, INC.		
Principal Place of Business 4360 NW 14TH ST LAUDERHILL, FL 33313	Mailing Address 4360 NW 14TH ST LAUDERHILL, FL 33313	



05082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0832401	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLINTON, JAMES P 4360 NW 14TH ST LAUDERHILL, FL 33313	DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000769886
07/20/07-80008-019 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLINTON, JAMES P 4360 NW 14TH ST LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MCKINNON, LATORIAL S 4360 NW 14TH ST LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLINTON, DOROTHEA D 4360 NW 14TH ST LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 preparer 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: *Dorothea D. Clinton* *Dorothea D. Clinton* 7/9/07 (954) 733-0082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #