2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003808

1. Entity Name
LATTER-RAIN OF GRACE, INC.

FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
4360 NW 14TH ST LAUDERHILL, FL 33313	4360 NW 14TH ST LAUDERHILL, FL 33313

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07082008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0932401	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

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee Is $61.25 **Due by September 12, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLINTON, JAMES P
STREET ADDRESS	4360 NW 14TH ST
CITY - ST - ZIP	LAUDERHILL, FL 33313

TITLE	TSD
NAME	MCKINNON, LATORIAL S
STREET ADDRESS	4360 NW 14TH ST
CITY - ST - ZIP	LAUDERHILL, FL 33313

TITLE	VD
NAME	CLINTON, DOROTHEA D
STREET ADDRESS	4360 NW 14TH ST
CITY - ST - ZIP	LAUDERHILL, FL 33313

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/28/08-80001-005 61.25

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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: _Dorothea D. Clinton_   Dorothea D. Clinton   7/25/08   (954) 733-0082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #