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04-09-1999 90017 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08446

1. Corporation Name

LAKE ALFRED MINISTRY, INC.

Principal Place of Business	Mailing Address
C/O RICHARD CROSBY 140 MALLARD RD. LAKE ALFRED FL 33850 US	C/O RICHARD CROSBY 186 LAKESIDE RANCH WINTER HAVEN FL 33881

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/29/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1749402 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CROSBY, RICHARD
186 LAKESIDE RANCH
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Richard E. Crosby (TREAS) DATE 4/6/99

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SJOERDSMA, JAMES		1.2 NAME		
STREET ADDRESS	34 TANGELO ORANGE MANOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GERNAAT, JOHN		2.2 NAME		
STREET ADDRESS	82 BAY LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED FL 33850		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RYCENGA, CHARLES		3.2 NAME		
STREET ADDRESS	1701 COMMERCE SUITE 142		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL 33844		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRINK, PHILLIP		4.2 NAME		
STREET ADDRESS	567 PEACOCK TR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE REGION HA 33844		4.4 CITY-ST-ZIP		
TITLE	ASD	☒ DELETE	5.1 TITLE	ASD	☒ Change ☐ Addition
NAME	VANDEN BAND, NEAL		5.2 NAME	AL RODRIGUES	
STREET ADDRESS	520 LAKE DEXTER BLVD		5.3 STREET ADDRESS	1781 COMERCE # 134	
CITY-ST-ZIP	WINTER HAVEN FL 33884		5.4 CITY-ST-ZIP	Haines , city, fl. 33844	
TITLE	AT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KUIPERY, JOHN		6.2 NAME		
STREET ADDRESS	53 BREAM ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Sjoerdsma **SIGNATURE REQUIRED** Sjoerdsma James 4/6/99 (941) 326-1488

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

CR2E037 (11/98)