

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90067 004 \*\*\*\*61.25

**DOCUMENT # N08446**

1. Entity 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 33881-9210

2. Principal Place of Business

3. Mailing Address

**41 Creek Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Lake Alfred, Florida**

4. FEI Number

**59-1749402**

Applied For

Not Applicable

Zip

Country

Zip  
**33850**

Country

**Polk**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSBY, RICHARD**  
**186 LAKESIDE RANCH**  
**WINTER HAVEN FL 33881**

Name  
**Burt Cilley**

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

**41 Creek Circle**

City  
**Lake Alfred,**

**FL**

Zip Code  
**33850**

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.

SIGNATURE **Burt Cilley**



**4/3/00 (TREAS.)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT SJOERDSMA, JAMES 34 TANGELO ORANGE MANOR WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GERNAAT, JOHN 82 BAY LN LAKE ALFRED FL 33850	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYCENGA, CHARLES 1701 COMMERCE SUITE 142 HAINES CITY FL 33844	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRINK, PHILLIP 567 PEACOCK TR LAKE REGION HA 33844	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD RODRIGUES, AL 1784 COMERCE RD #134 HAINES CITY FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KUIPERY, JOHN 53 BREAM ST WINTER HAVEN FL 33881	<input checked="" 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jasper Nykamp 1701 Commerce # 151 Haines City, Fl. 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Burt Cilley 41 Creek Circle Lake Alfred, Fl. 33850	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: 

**4/3/00 863-956-4306**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)