

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90614 034 ****61.25

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DOCUMENT # N08446

1. Entity Name

LAKE ALFRED MINISTRY, INC.

Principal Place of Business

C/O BURT P. CILLEY
140 MALLARD RD.
LAKE ALFRED FL 33850
US

Mailing Address

41 CREEK CIRCLE
LAKE ALFRED FL 33850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1749402

Applied For

Not Applicable

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

CILLEY, BURT
41 CREEK CIRCLE
LAKE ALFRED FL 33850

Name

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

City

FL

Zip Code

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

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
DV
ROETERS, JULIUS
12 ROSEWOOD DR
DAVENPORT FL 33837 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Neal Vanden Band
520 Lake Dexter Bl
Winter Haven, FL 33884 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
VANDERBAND, MARVIN
70 BUTLER BLVD
HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
John Moes
209 N. Fairway Cr.
Winter Haven, FL 33881 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NYKAMP, JASPER
1701 COMMERCE 151
HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Ray Woldyk
24 Leisure Lane
Winter Haven, FL 33881 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KRUIZENG, MELVIN
5161 ISLAND VIEW CR N
POLK CITY FL 33868 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RODRIGUES, AL
1784 COMERCE RD #134
HAINES CITY FL 33884 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CILLEY, BURT
41 CREEK CRICLE
LAKE ALFRED FL 33850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Burt P. Cilley Jr. 3/15/02 616-344-4180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)