


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N08446
 1. Entity Name
 LAKE ALFRED MINISTRY, INC.



Principal Place of Business
 140 MALLARD RD
 LAKE ALFRED, FL 33850 US

Mailing Address
 209 N FAIRWAY
 WINTER HAVEN, FL 33881

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

4. FCI Number 59-1749402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOES, JOHN O
 209 N FAIRWAY CIRCLE
 WINTER HAVEN, FL 33881

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

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KNOLL, EDWARD 23 WOODLAND LAKE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS VANDERBAND, MARVIN 70 BUTLER BLVD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRINK, PHILIP 567 PEACOCK TRAIL HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRUIZENGA, MELVIN 5161 ISLAND VIEW CR N POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOES, JOHN O 209 N FAIRWAY CR. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000000432
 01/08/04-80009-012 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(f), 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: John O. Moes John O. MOES 01-05-04 294-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date County Phone #