


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90443 019 \*\*\*\*61.25

**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**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**41 CREEK CR.**  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State  
**LAKE ALFRED, FL**

City & State  
**LAKE ALFRED, FL**

Zip Country  
**33850 USA**

4. FEI Number  
**59-1749402**

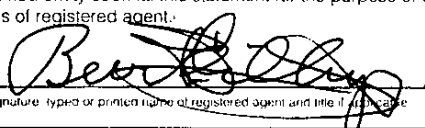
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MOES, JOHN O  
 209 N FAIRWAY CIRCLE  
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent  
 Name  
**BURT P. Cilley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**41 CREEK CR.**  
 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. 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 reappointing)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME KNOLL, EDWARD	
STREET ADDRESS 23 WOODLAND LAKE	
CITY-ST-ZIP HAINES CITY FL 33844	
TITLE D	<input type="checkbox"/> Delete
NAME GERNAAT, JOHN	
STREET ADDRESS B2 BAY LANE	
CITY-ST-ZIP LAKE ALFRED FL 33850	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME BRINK, PHILIP	
STREET ADDRESS 567 PEACOCK TRAIL	
CITY-ST-ZIP HAINES CITY FL 33844	
TITLE D	<input type="checkbox"/> Delete
NAME DYKSTRA, PAUL	
STREET ADDRESS 1941 REGINA DR	
CITY-ST-ZIP WINTER HAVEN FL 33881	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME MOES, JOHN O	
STREET ADDRESS 209 N FAIRWAY CR.	
CITY-ST-ZIP WINTER HAVEN FL 33881	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GARRETT Stoutmeyer	
STREET ADDRESS 207 #4 1101 W. COMMERCE	
CITY-ST-ZIP HAINES CITY, FL 33844	
TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BURT P. CILLEY	
STREET ADDRESS 41 CREEK CR.	
CITY-ST-ZIP LAKE ALFRED, FL 33850	
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JACOB CHRISTENSEN	
STREET ADDRESS 152 WINTERDALE DR N	
CITY-ST-ZIP WINTER HAVEN, FL 33881	
TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAUL DYKSTRA	
STREET ADDRESS 1941 REGINA DR	
CITY-ST-ZIP WINTER HAVEN, FL 33881	
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MELVIN KRUIZENGA	
STREET ADDRESS 5172 ISLAND VIEW CR. N.	
CITY-ST-ZIP POLK CITY, FL. 33868	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 any address, with any other like empowered.

SIGNATURE:  DATE: **4/10/06** **863-957-4306**