


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90086 008 ****61.25

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
140 MALLARD RD

3. Mailing Address
209 N. FAIRWAY

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
LAKE ALFRED FL

City & State
WINTERHAVEN FL

Zip
33850

Country
U.S.A

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

**CILLEY, BURT
41 CREEK CIRCLE
LAKE ALFRED FL 33850**

7. Name and Address of New Registered Agent

Name **JOHN O. MOES**

Street Address (P.O. Box Number is Not Acceptable)
209 N. FAIRWAY CIRCLE

City **WINTERHAVEN FL** Zip Code **33881**

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 *John O. Moes* **JOHN O. MOES** DATE **03-09-03**

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WOLDY, RAY K 24 LEISWEE LANE WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VANDERBAND, MARVIN 70 BUTLER BLVD HAINES CITY FL 33844	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NYKAMP, JASPER 1701 COMMERCE 151 HAINES CITY FL 33844	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUIZENGA, MELVIN 5161 ISLAND VIEW CR N POLK CITY FL 33868	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D MOSS, JOHN MOES John O. 209 N FAIRWAY CR. WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CILLEY, BURT 41 CREEK CRICLE LAKE ALFRED FL 33850	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D KINOLL, EDWARD 23 WOODLAND LAKE HAINES CITY, FLA. 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D BRINK, PHILIP 567 PEACOCK TRAIL 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *John O. Moes* **JOHN O. MOES** DATE **03-09-03** 863 294 3453

CR2E037 (10/02)