

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008800

1. Entity Name
LAKE WALES MINISTERIAL ALLIANCE, INC.



Principal Place of Business
**12 B ST.
LAKE WALES, FL 33853**

Mailing Address
**P.O. BOX 822
LAKE WALES, FL 33859**



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 02-0549982 | 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

**ROBERTS, RALPH A
12 B ST.
LAKE WALES, FL 33853**

**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 *Ralph A. Roberts, President Ralph A. Roberts March 2, 2005*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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
**D
ROBERTS, RALPH A
2248 LILLY ST.
LAKE WALES, FL 339536938**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERREIN, HORISTEIN
1145 FAIRVIEW DR.
BARTOW, FL 33830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
JONES, J.L.
22 W. CRYSTAL AVE.
LAKE WALES, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PIERCE, J.L. SR.
609 CARVER DR.
LAKE WALES, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, ROSCOE III
2400 LYDIA ST.
LAKE WALES, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CH
CARMICHEAL, SYLVESTOR
3040 E ST
LAKE WALES, FL 33853**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: *Ralph A. Roberts* *March 2, 2005* *863-632-4642*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #