

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 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**



01182006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0549982**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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 \_\_\_\_\_

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, 2006**

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.  
809 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  
CARMICHAEL, SYLVESTOR  
3040 E ST  
LAKE WALES, FL 33853**

000000424186  
02/18/06-80038-011 61.25

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

**SIGNATURE: Ralph A. Roberts - Ralph A. Roberts 2/2/06 863-632-4642**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #