

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008800

FILED
Jan 22, 2009
Secretary of State

Entity Name: LAKE WALES MINISTERIAL ALLIANCE, INC.

Current Principal Place of Business:

12 B ST.
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 822
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 02-0549982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBERTS, RALPH A
Address: 2248 LILLY ST.
City-St-Zip: LAKE WALES, FL 339536938

Title: D () Delete
Name: BERREIN, HORISTEIN
Address: 1145 FAIRVIEW DR.
City-St-Zip: BARTOW, FL 33830

Title: DST () Delete
Name: JONES, J.L.
Address: 22 W. CRYSTAL AVE.
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: PIERCE, J.L. SR.
Address: 609 CARVER DR.
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: WILLIAMS, ROSCOE III
Address: 2400 LYDIA ST.
City-St-Zip: LAKE WALES, FL 33853

Title: CH () Delete
Name: THOMAS, ANTHONY
Address: 400 WASHINGTON AVE
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PIERCE, J.L. SR.
Address: 2656 SCENIC HWY S
City-St-Zip: LAKE WALES, FL 33853

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH A. ROBERTS

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date