


# 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

<b>DOCUMENT # N08446</b> 1. Entity Name <b>LAKE ALFRED MINISTRY, INC.</b>	
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Principal Place of Business <b>140 MALLARD RD LAKE ALFRED FL 33850 US</b>	Mailing Address <b>209 N FAIRWAY WINTER HAVEN FL 33881</b>
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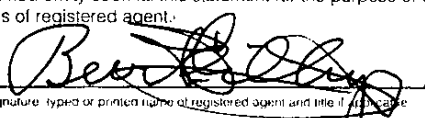
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>41 CREEK CR.</b>  Suite, Apt. #, etc.
City & State	City & State <b>LAKE ALFRED, FL</b>
Zip <b>33850</b>	Country <b>USA</b>



1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-1749402</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MOES, JOHN O 209 N FAIRWAY CIRCLE WINTER HAVEN FL 33881</b>	
7. Name and Address of New Registered Agent Name <b>BURT P. Cilley</b> Street Address (P.O. Box Number is Not Acceptable) <b>41 CREEK CR.</b> City <b>LAKE ALFRED</b> FL Zip Code <b>33850</b>	

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  (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOLL, EDWARD 23 WOODLAND LAKE HAINES CITY FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>PRESIDENT</del> GARRETT Stoutmeyer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LOT #4 1101 W. COMMERCE HAINES City, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DB GERNAAT, JOHN B2 BAY LANE LAKE ALFRED FL 33850 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BURT P. CILLEY 41 CREEK CR. LAKE ALFRED, FL 33850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRINK, PHILIP 567 PEACOCK TRAIL HAINES CITY FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <del>JACK CHRISTENSEN</del> CHRISTENSEN 152 WINTERDALE DR N WINTER HAVEN, FL 33881 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKSTRA, PAUL 1941 REGINA DR WINTER HAVEN FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PAUL DYKSTRA 1941 REGINA DR WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOES, JOHN O 209 N FAIRWAY CR. WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MELVIN KRUIZENGA 5172 ISLAND VIEW CR. N. POLK City, FL. 33868 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 an address, with an officer like empowered.

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