

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08446

FILED
Mar 30, 2009
Secretary of State

Entity Name: LAKE ALFRED MINISTRY, INC.

Current Principal Place of Business:

140 MALLARD RD
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

Current Mailing Address:

41 CREEK CR
LAKE ALFRED, FL 33850

New Mailing Address:

6025 WEST S AVENUE
SCHOOLCRAFT, MI 49087

FEI Number: 59-1749402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CILLEY, BURT P
41 CREEK CR
LAKE ALFRED, FL 33850 US

Name and Address of New Registered Agent:

LEMMER, DALE T
1101 W. COMMERCE AVENUE
LOT 73
HAINES CITY, FL 33844 US

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: DALE T. LEMMER

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STOUTMEYER, GARRETT
Address: 1101 W COMMERCE., LOT #4
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: NYKAMP, JACK
Address: 1901 COMERCE #151
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: CILLEY, BURT P
Address: 41 CREEK CR
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: VANDER BAND, MARVE
Address: 70 BUTLER BLVD
City-St-Zip: HAINES CITY, FL 33844

Title: S (X) Delete
Name: LORTERMAN, CALVIN
Address: 50 STE 66 INS DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Delete
Name: KRUZENCA, MELVIN
Address: 5172 ISLAND VIEW CR N
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LEMMER, DALE T
Address: 1101 W. COMMERCE AVENUE, LOT 73
City-St-Zip: HAINES CITY, FL 33844

Title: PD (X) Change () Addition
Name: LOGTERMAN, CALVIN
Address: 50 STEBBINS DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: S (X) Change () Addition
Name: VAN KAMPEN, BOB
Address: 944 REYNOLDS ROAD, LOT 105
City-St-Zip: LAKELAND, FL 33801

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

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: DALE T. LEMMER

T

03/30/2009

Electronic Signature of Signing Officer or Director

Date