FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:34

DOCUMENT # N32412 (1)

1. Corporation Name
LAKE AREA MINISTRIES, INC.

Principal Place of Business	Mailing Address
101 COMMERCIAL CIRCLE KEYSTONE HEIGHTS FL 32656 US	P.O. BOX 1385 KEYSTONE HEIGHTS FL 32656 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1989
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2972913 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 1385
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Keystone Heights, Fla. 32656
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PIPPIN, ROY K.
7699 CLOVER LANE
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name: Rev Melana Scruggs
82 Street Address (P.O. Box Number is Not Acceptable): 660 Southwest Pointview Road
83
84 City: Keystone Heights, FL 85 Zip Code: 32656

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Phyllis W. Ratz, Co-Director — Phyllis W Ratz — 2-2-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Director	☑ Change ☐ Addition
NAME	ROSSANO, FRANCES A	1.2 NAME	Phyllis W Ratz	
STREET ADDRESS	108 SWAN LAKE RD	1.3 STREET ADDRESS	125 Serena Circle	
CITY-ST-ZIP	MELROSE FL	1.4 CITY-ST-ZIP	Melrose, Fla. 32666	
TITLE	P	2.1 TITLE		☑ Change ☐ Addition
NAME	BARHAM, JOHN F.	2.2 NAME	Buddy Friedlyp	
STREET ADDRESS	6888 RIDGE STREETS	2.3 STREET ADDRESS	P.O. Box 725 Palmetto Avenue	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	2.4 CITY-ST-ZIP	Keystone Heights, Fla 32656	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PREVOST, MARGARET G	3.2 NAME		
STREET ADDRESS	745 SEMINOLE RIDGE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE	Director	☑ Change ☐ Addition
NAME	LASSITER, MARGARET W.	4.2 NAME	Marylyn Finley	
STREET ADDRESS	8469 LILLY LAKE RD.	4.3 STREET ADDRESS	7904 Breezy Point Road	
CITY-ST-ZIP	MELROSE FL	4.4 CITY-ST-ZIP	Melrose, Fla. 32666	
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	SCRUGGS, MELANA	5.2 NAME		
STREET ADDRESS	660 S.W. POINT VIEW RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WARNER, DALE A	6.2 NAME		
STREET ADDRESS	6744 MT. VERNON DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phyllis W Ratz — 2-2-95 — 904-475-1643 / 904-473-2546
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0030227