

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32412

(1)

1. Corporation Name

LAKE AREA MINISTRIES, INC.

Principal Place of Business

**101 COMMERCIAL CIRCLE
KEYSTONE HEIGHTS FL 32656
US**

Mailing Address

**P O BOX 1385
KEYSTONE HEIGHTS FL 32656
US**



3. Date Incorporated or Qualified

05/24/1989

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 330 S.E. PALMETTO ST.

26 P.O. BOX 1385

4. FEI Number

59-2972913

Applied For

Not Applicable

22 KEYSTONE HEIGHTS

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 Keystone Heights FLA. 32666

28 Keystone Heights, FLA

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24 32656

25 CLAY

29 32656

30 CLAY

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

**SCRUGGS, MELANA R
660 SOUTHWEST POINTVIEW ROAD
KEYSTONE HEIGHTS FL 32656**

10. Name and Address of New Registered Agent

81 Name

FATHER DALE WARNER

82 Street Address (P.O. Box Number is Not Acceptable)

6744 Mt. Vernon Drive

83

84 City

Melrose, FLORIDA

FL

85

Zip Code

32666

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

DALE A. WARNER

Dale Warner

2/8/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RATZ, PHYLLIS W**
STREET ADDRESS **125 SERENA CIRCLE**
CITY-ST-ZIP **MELROSE FL**

TITLE **P** ☐ DELETE
NAME **FRIEDLIN, BUDDY**
STREET ADDRESS **P O BOX 722 N/A**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL**

TITLE **D** ☐ DELETE
NAME **PREVOST, MARGARET G**
STREET ADDRESS **745 SEMINOLE RIDGE RD**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL**

TITLE **D** ☐ DELETE
NAME **FINLEY, MARYLYN**
STREET ADDRESS **7904 BREEZY POINT ROAD**
CITY-ST-ZIP **MELROSE FL**

TITLE **V** ☐ DELETE
NAME **SCRUGGS, MELANA**
STREET ADDRESS **660 S.W. POINT VIEW RD.**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL**

TITLE **D** ☐ DELETE
NAME **WARNER, DALE A**
STREET ADDRESS **6744 MT. VERNON DR**
CITY-ST-ZIP **MELROSE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **FATHER DALE WARNER**
5.3 STREET ADDRESS **6744 MT VERNON DRIVE**
5.4 CITY-ST-ZIP **MELROSE, FLA 32666**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **REV. C.W. BUTLER**
6.3 STREET ADDRESS **560 S.E. LAKEVIEW DRIVE**
6.4 CITY-ST-ZIP **KEYSTONE HEIGHTS, FLA 32656**

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHYLLIS W. RATZ

2-7-96 904-413-2846

Date

Daytime Phone

CR2E037 (12/95)