

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32412 (1)
1. Corporation Name
LAKE AREA MINISTRIES, INC.

Principal Place of Business \$30 SE PALMETTO STREET KEYSTONE HEIGHTS FL 32656 US	Mailing Address P.O. BOX 1385 KEYSTONE HEIGHTS FL 32656 US
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3. Date Incorporated or Qualified 05/24/1989
4. FEI Number 59-2972913
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WARNER, FATHER D
6744 MT. VERNON DRIVE
MELROSE FL 32666**

10. Name and Address of New Registered Agent

81 Name	THE REV. JAMES M. PEOPLES
82 Street Address (P.O. Box Number is Not Acceptable)	6606 BROOKLYN BAY ROAD
83	KEYSTONE HEIGHTS, FL 32656
84 City	FL
85 Zip Code	

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 **THE REV. JAMES M. PEOPLES**

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	<input type="checkbox"/> DELETE
NAME	TUCKER, VERA	
STREET ADDRESS	21301 NE 35TH PLACE	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDLIN, BUDDY	
STREET ADDRESS	P O BOX 722 N/A	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PREVOST, MARGARET G	
STREET ADDRESS	745 SEMINOLE RIDGE RD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POPPELL, PATRICIA G.	
STREET ADDRESS	8141 FOREST HILLS ROAD	
CITY-ST-ZIP	LAKE GENEVA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PEOPLES, REV. JAMES M.	
STREET ADDRESS	6606 BROOKLYN BAY ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	MELANA SCRUGGS
2.4 CITY-ST-ZIP	660 SW POINTVIEW RD. KEYSTONE HEIGHTS, FL 32656
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: **PATRICIA G. POPPELL** *Patricia G. Poppel* 3/31/98 352 473-3980

CR2E037 (10/97)