

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90075 049 \*\*\*\*61.25

DOCUMENT # N32412

1. Corporation Name

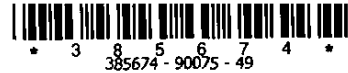
LAKE AREA MINISTRIES, INC.

Principal Place of Business

330 SE PALMETTO STREET  
KEYSTONE HEIGHTS FL 32656  
US

Mailing Address

P.O. BOX 1385  
KEYSTONE HEIGHTS FL 32656  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/24/1989

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

9. Name and Address of Current Registered Agent

PEOPLES, JAMES M.  
6606 BROOKLYN BAY ROAD  
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name

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

83

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

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 TUCKER, VERA  
STREET ADDRESS 21301 NE 35TH PLACE  
CITY-ST-ZIP HAWTHORNE FL

TITLE VP ☒ DELETE  
NAME SCRUGGS, MELANA  
STREET ADDRESS 660 SW POINTVIEW RD  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

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

TITLE D ☐ DELETE  
NAME POPPELL, PATRICIA G.  
STREET ADDRESS 8141 FOREST HILLS ROAD  
CITY-ST-ZIP LAKE GENEVA FL

TITLE P ☐ DELETE  
NAME PEOPLES, REV. JAMES M.  
STREET ADDRESS 6606 BROOKLYN BAY ROAD  
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 Treasurer ☒ Change ☐ Addition  
1.2 NAME Bonsteel, Patricia  
1.3 STREET ADDRESS 3051 SE. 57th Unit 7  
1.4 CITY-ST-ZIP MELROSE, FL 32666

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME The Rev. James Prose  
2.3 STREET ADDRESS 560 E. Lakewood Drive  
2.4 CITY-ST-ZIP Keystone Heights, FL 32656

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  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Patricia G. Poppel, Director Patricia G. Poppel 4/16/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)