2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **N32412** LAKE AREA MINISTRIES, INC. 01-18-2000 90023 044 ****61.25 Principal Place of Business Mailing Address P.O. BOX 1385 330 SE PALMETTO STREET KEYSTONE HEIGHTS FL 32656-1385 KEYSTONE HEIGHTS FL 32656 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2972913 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PEOPLES, JAMES M. 6606 BROOKLYN BAY ROAD **KEYSTONE HEIGHTS FL 32656** City Zip Code 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ★ Addition TITLE ☐ Delete JOAN VAUGHN NAME **BONSTEEL, PATRICIA** NAME 87 SE 35th St. STREET ADDRESS STREET ADDRESS 3051 SE SR 21 UNIT 7 32656 KEYSTONE HTS, FL CITY-ST-ZIP CITY-ST-ZIP MELROSE FL VΡ ☐ Delete TITLE ☐ Change Addition TITLE BUDDY FRIEDLIN PRASE, JAMES NAME NAME 6832 Spring Lake Rd. STREET ADDRESS STREET ADDRESS 560 E LAKEVIEW DR KEYSTONE HTS, FL :32656 CITY-ST-ZIP CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656** Defete TITLE ☐ 'Chañge ☐ Addition TITLE PREVOST, MARGARET G NAME NAME STREET ADDRESS STREET ADDRESS 745 SEMINOLE RIDGE RD CITY-ST-ZIP CITY-ST-ZIP KEYSTONE HEIGHTS FL ☐ Change ☐ Delete TITLE POPPELL, PATRICIA G. NAME NAME STREET ADDRESS STREET ADDRESS 8141 FOREST HILLS ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE GENEVA FL □ Change Delete TITLE TITLE PEOPLES, REV. JAMES M. NAME STREET ADDRESS STREET ADDRESS 6606 BROOKLYN BAY ROAD CITY-ST-ZIP CITY-ST-ZIP KEYSTONE HEIGHTS FL - A J J A S A A □ Delete TITLE Change TITI F WARNER, DALE A NAME STREET ADDRESS STREET ADDRESS 6744 MT, VERNON DR CITY-ST-ZIP CITY-ST-ZIP MELROSE FL

2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like experiments.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/00 .

352-475-5998