2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
04-12-2001 90184 033 ****61.25

DOCUMENT # N32412

1. Entity Name

LAKE AREA MINISTRIES, INC.

Principal Place of Business	Mailing Address
330 SE PALMETTO STREET KEYSTONE HEIGHTS FL 32656 US	P.O. BOX 1385 KEYSTONE HEIGHTS FL 32656 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2972913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name WARNER, DALE A.
Street Address (P.O. Box Number Is Not Acceptable)
6744 MT. VERNON DR.
City MELROSE FL Zip Code 32666

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 Dale Warner 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T N VAUGH, JOAN 87 SE 35TH ST KEYSTONE HEIGHTS FL 32656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PEOPLES, JAMES M. ← ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRIEDLIN, BUDDY 6832 SPRING LAKE ROAD KEYSTONE HEIGHTS FL 32656	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BONSTEEL, PATRICIA ☒ Change ☒ Addition 3051 S.E. State Rd. 21 17 MELROSE FL 32666
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PREVOST, MARGARET G 745 SEMINOLE RIDGE RD KEYSTONE HEIGHTS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition FINLEY, MARYLYN 7904 BREEZY PT. RD. MELROSE. FL 32666
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POPPELL, PATRICIA G. 8141 FOREST HILLS ROAD LAKE GENEVA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEOPLES, REV. JAMES M. 6606 BROOKLYN BAY ROAD KEYSTONE HEIGHTS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARNER, DALE A 6744 MT. VERNON DR MELROSE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 empowered.

SIGNATURE: SIGNATURE REQUIRED DALE A. WARNER 4/9/01 352-475-3253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #