

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90391 028 ****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**

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

7. Name and Address of New Registered Agent

Change
**WARNER, DALE A
 6744 MT VERNON AVE
 MELROSE FL 32666**

*James M. Peoples
 6606 Brooklyn Bay Rd
 Keystone Heights, FL*

Name: *James M. Peoples, The Rev.*
 Street Address (P.O. Box Number is Not Acceptable): *6606 Brooklyn Bay Rd. 8105 Meadowlark Ct*
 City: *Keystone Heights* MELROSE, FL 32666
 State: **FL** Zip Code: **32656**

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

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	T	<input checked="" type="checkbox"/> Delete
NAME	VAUGHN, JOAN	
STREET ADDRESS	87 SE 35TH ST	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BONSTEEL, PATRICIA	
STREET ADDRESS	3051-SE STATE RD 2127	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINLEY, MARYLYN	
STREET ADDRESS	7904 BREEZY PT RD	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	D	<input type="checkbox"/> Delete
NAME	POPPELL, PATRICIA G.	
STREET ADDRESS	8141 FOREST HILLS ROAD	
CITY-ST-ZIP	LAKE GENEVA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEOPLES, JAMES M	
STREET ADDRESS	6606-BROOKLYN BAY ROAD 8105 Meadowlark Ct	
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	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dianne Connors</i>	
STREET ADDRESS	<i>5531 Lassen St.</i>	
CITY-ST-ZIP	<i>Keystone Heights, FL 32656</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Patricia G. Poppel - Co-director

4/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)