

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32412

1. Entity Name

LAKE AREA MINISTRIES, INC.

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90391 028 ****61.25

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*
Keystone Heights
City *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* ☒ Delete
NAME VAUGHN, JOAN
STREET ADDRESS 87 SE 35TH ST
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE *Dianne Connors* ☒ Change ☐ Addition
NAME *5531 Lassen St.*
STREET ADDRESS *Keystone Heights, FL 32656*
CITY-ST-ZIP

TITLE *VP* ☐ Delete
NAME BONSTEEL, PATRICIA
STREET ADDRESS 3051 SE STATE RD 2127
CITY-ST-ZIP MELROSE FL 32666

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D* ☐ Delete
NAME FINLEY, MARYLYN
STREET ADDRESS 7904 BREEZY PT RD
CITY-ST-ZIP MELROSE FL 32666

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VP* ☐ Delete
NAME PEOPLES, JAMES M
STREET ADDRESS *6606 Brooklyn Bay Road 8105 Meadowlark Ct*
CITY-ST-ZIP KEYSTONE HEIGHTS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D* ☐ Delete
NAME WARNER, DALE A
STREET ADDRESS 6744 MT. VERNON DR
CITY-ST-ZIP MELROSE FL

TITLE ☐ Change ☐ 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)