


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90039 027 \*\*\*\*70.00

<b>DOCUMENT # N32412</b> 1. Entity Name <b>LAKE AREA MINISTRIES, INC.</b>					
Principal Place of Business <b>330 SE PALMETTO STREET KEYSTONE HEIGHTS FL 32656 US</b>			Mailing Address <b>P.O. BOX 1385 KEYSTONE HEIGHTS FL 32656 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2972913</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del> <b>WARNER, DALE A 6744 MT VERNON DR MELROSE FL 32666</b> </del>				Name <b>Peoples James M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8105 MEADOWLARK CT.</b> City <b>Keystone Heights</b> <b>FL</b> Zip Code <b>32656</b>	
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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE <u><i>James M. Peoples</i></u> DATE <u><i>1/28/04</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONAOUS, DIANNE 5531 LASSEY ST KEYSTONE HEIGHTS FL 32656 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>McKinney, Henry</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7191 State Road 21 Keystone Heights, FL 32656</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONSTEEL, PATRICIA 3051 SE STATE RD 2127 MELROSE FL 32666 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINLEY, MARYLYN 7904 BREEZY PT RD MELROSE FL 32666 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPPELL, PATRICIA G. 8141 FOREST HILLS ROAD LAKE GENEVA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEOPLES, JAMES M 8105 MEADOWLARK CT KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARNER, DALE A 6744 MT. VERNON DR MELROSE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MARC R. Jones</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2738 S.E. State Road 21 Melrose, FL 32666</b>		
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.					
<b>SIGNATURE: <i>Patricia G. Poppell</i> <i>Patricia G. Poppell</i> <i>2/2/04</i> <i>352 473 2846</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					