2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# N32412

Entity Name: LAKE AREA MINISTRIES, INC.

Current Principal Place of Business:

330 SE PALMETTO STREET
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1385
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 59-2972913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONSTEEL, PATRICIA J
3051 SE STATE ROAD 21 7
7
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	TUCKER, JAMES C	
Address:	21301 NE 35TH PLACE	
City-St-Zip:	MELROSE, FL 32666	
Title:	T	( ) Delete
Name:	BONSTEEL, PATRICIA	
Address:	3051 SE STATE RD 2127	
City-St-Zip:	MELROSE, FL 32666	
Title:	D	( ) Delete
Name:	FINLEY, MARYLYN	
Address:	7904 BREEZY PT RD	
City-St-Zip:	MELROSE, FL 32666	
Title:	D	( ) Delete
Name:	POPPELL, PATRICIA G.	
Address:	8141 FOREST HILLS ROAD	
City-St-Zip:	LAKE GENEVA, FL	
Title:	VP	( ) Delete
Name:	PEOPLES, JAMES M	
Address:	8105 MEADOWLARK CT	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	P	(X) Delete
Name:	KANTZ, JEFF	
Address:	6888 RIDGE STREET	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	PEOPLES, JAMES M	
Address:	8105 MEADOWLARK CT	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PJ BONSTEEL T 04/12/2007

Electronic Signature of Signing Officer or Director — Date