

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32412

FILED
Jan 27, 2009
Secretary of State

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 SR 21 #7
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

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

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: PATRICIA J BONSTEEL

01/27/2009

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 SR 21 #7
City-St-Zip: MELROSE, FL 32666

Title: D () Delete
Name: MACH, CHRISTI
Address: 1225 CHATAUGUA CIR
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: BUCKNER, PAULA B
Address: 4601 SE 6TH LN
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: P () Delete
Name: PEOPLES, JAMES M
Address: 8105 MEADOWLARK CT
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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA J BONSTEEL

T

01/27/2009

Electronic Signature of Signing Officer or Director

Date