2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

DOCUMENT# N32412

Entity Name: LAKE AREA MINISTRIES, INC.

Current Principal Place of Business:

131 COMMERCIAL CIRCLE
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:

WESTER, THOMAS
3991 SE STATE ROAD 21
KEYSTONE HEIGHTS, FL 32656 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
Name: WESTER, THOMAS
Address: 3991 SE SR 21
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T
Name: COX, MARIEN
Address: 7063 KING ST.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D
Name: NAHIKIAN, PAT
Address: 270 CUE LAKE DR.
City-St-Zip: HAWTHONE, FL 32640

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

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

Title: V
Name: FARMER, THOMAS E JR
Address: 3933
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS WESTER D 02/08/2012

Electronic Signature of Signing Officer or Director Date