FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700004197

1. Corporation Name

LAKE PIERCE FISHERS' OF MEN MINISTRIES, INC.

Principal Place of Business
2930 HUGGINS RD LAKE WALES FL 33853
US

Mailing Address 2930 HUGGINS RD LAKE WALES FL 33853

FILED Apr 22, 1999 8:00 am § Secretary of State

04-22-1999 90211 011 ****61.25



2. Principal Pl	Place of Business 2a. Mailing Address			3. Date Incorporated or Qualifed		
11		26		07/24/1997		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22		27	·	APPLIED FOR	Not Applicable	
City & State		City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
23	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
Žip			1 ,	Trust Fund Contribution	Added to Fees	
4	25 9. Name and Address of Current I	15-1	<u> </u>	10. Name and Address of New Registere	d Agent	
	5. Name and Address of Current	Agistered Agent	81 Name D		,	
10000411	POULTO D			aul D. Huggins		
-JORDAN, EDWARD-P			82 Street Add	ress (P.O. Box Number is Not Actemable)	j	
13543 E H			83	3		
-CLERMON	T-FL-34711			· · · · · · · · · · · · · · · · · · ·		
			84 City 1 4	ike Wales F	L 153883	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-harmed corporation submits this state in a satisfactory of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 6170503, Florida Statutes.						
	m familial with, and accept the congress	11001100	· Cidioios.	WIAO	199	
SIGNATURE	Signature, typed or printed name of projectered agent a	ind title is applicable. (NOTE: Reg	gistered Agent signature require	ed when reinstating)		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	HUGGINS, PAUL		1.2 NAME			
STREET ADDRESS	2942 HUGGINS RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CITY+ST-ZIP			
TITLE	D .	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	HUGGINS, BARBARA		2.2 NAME			
STREET ADDRESS	2942 HUGGINS RD		2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL.33853		2. 4 CITY- ST-ZIP			
TITLE .	D	☐ DELETE	3.1 TITLE		Change Addition	
NAME	MONIZ, ERIC JR		3.2 NAME			
STREET ADDRESS	2942 HUGGINS RD		3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL 33853		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME		1	
STREET ADDRESS	;		4.3 STREET ADDRESS			
CITY-ST-ZIP			4,4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS	,		5.3 STREET ADDRESS			
CITY-ST-ZIP	• •		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	-		
STREET ADDRESS	S. July Mary		6.3 STREET ADDRESS			
CITY ST ZIP			6.4 CITY-ST-ZIP	·		

14.) 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 annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE: