

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32412

Entity Name: LAKE AREA MINISTRIES, INC.**Current Principal Place of Business:**131 COMMERCIAL CIRCLE
KEYSTONE HEIGHTS, FL 32656**Current Mailing Address:**P.O. BOX 1385
KEYSTONE HEIGHTS, FL 32656 US**FEI Number:** 59-2972913**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WESTER, THOMAS
3991 SE STATE ROAD 21
KEYSTONE HEIGHTS, FL 32656 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	WESTER, THOMAS
Address	3991 SE SR 21
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

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

Title	D
Name	BARROW, KATHY
Address	7065 IMMOKALEE RD.
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

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

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

Title	V
Name	FARMER, THOMAS EJ
Address	3933
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

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: PAULA B. BUCKNER**CO-DIRECTOR****02/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date