


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90233 025 \*\*\*\*61.25

<b>DOCUMENT # 731961</b>		
1. Entity Name <b>THE LAKE WALES BOARD OF REALTORS, INC.</b>		

Principal Place of Business <b>318 N. SCENIC HWY STE 50 LAKE WALES, FL 33853 US</b>	Mailing Address <i>Scenic</i> <b>318 N. SCENIC HWY PO BOX 671 #50 LAKE WALES, FL 33853 US</b>
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01032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1694165</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KAHLER, NANCY D 318 N. SCENIC HWY LAKE WALES, FL 33853</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Nancy D. Kahler DATE: 4/4/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAHLER, NANCY 318 N. SCENIC HWY #50 LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> MCLEAN, DAVID 12 FIRST ST. SOUTH LAKE WALES, FL 33853 <i>Elmer Stephens 343 Central Ave N omit Lake Wales, FL 33853</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> KAHLER, JAMES F 318 N. SCENIC HWY LAKE WALES, FL 33853 <i>Jennifer Blair 109 N. Scenic Hwy Frostproof, FL 33843</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> GRAVEL, JOHN 343 CENTRAL AVE WEST LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTLY WISE, JAMES 109 N. SCENIC HWY. FROSTPROOF, FL 33843 <i>Wesley (correct spelling)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D-2yr</i> ESTES, PAM 318 N. SCENIC WAY, PO BOX 671 LAKE WALES, FL 33853 <i>Robert Connor 247 E Stuart Ave Lake Wales, FL 33853</i>

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy D. Kahler DATE: 4/4/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR