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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16109 (3)

1. Corporation Name
HISTORIC LAKE WALES SOCIETY INC.



Principal Place of Business Mailing Address
325 S. SCENIC WAY. LAKE WALES FL 33853
325 S. SCENIC WAY. LAKE WALES FL 33853-3873

3. Date Incorporated or Qualified 07/29/1986
3a. Date of Last Report 10/25/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2803658
Applied For Not Applicable

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDMAN, MARY LEIGH
300 LAKESHORE BLVD.
LAKE WALES FL 33853

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME HARDMAN, MARY LEIGH
STREET ADDRESS 300 LAKESHORE BLVD.
CITY-ST-ZIP LAKE WALES FL
TITLE D DELETE
NAME PORTER, W. SIDNEY
STREET ADDRESS 842 GOLDEN BOUGH ROAD
CITY-ST-ZIP LAKE WALES FL
TITLE D DELETE
NAME WATERS, CHRISTINE BRYAN
STREET ADDRESS BRYAN GROVES
CITY-ST-ZIP BABSON PARK FL
TITLE D DELETE
NAME HARDMAN, WILLIAM M.
STREET ADDRESS 300 LAKESHORE BLVD.
CITY-ST-ZIP LAKE WALES FL
TITLE D DELETE
NAME WHEELER, LEE A III
STREET ADDRESS 228 S. 4TH ST.
CITY-ST-ZIP LAKE WALES FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 or 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Leigh Hardman
1/23/97

Date

Daytime Phone # 0053899

CR2E037 (9/96)