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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16109 (3)
 1. Corporation Name
HISTORIC LAKE WALES SOCIETY INC.



Principal Place of Business 325 S. SCENIC WAY. LAKE WALES FL 33853	Mailing Address 325 S. SCENIC WAY. LAKE WALES FL 33853
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3. Date Incorporated or Qualified 07/29/1986		
4. FEI Number 59-2803658	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDMAN, MARY LEIGH	
STREET ADDRESS	300 LAKESHORE BLVD.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORTER, W. SIDNEY	
STREET ADDRESS	842 GOLDEN BOUGH ROAD	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATERS, CHRISTINE BRYAN	
STREET ADDRESS	BRYAN GROVES	
CITY-ST-ZIP	BABSON PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDMAN, WILLIAM M.	
STREET ADDRESS	300 LAKESHORE BLVD.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHEELER, LEE A III	
STREET ADDRESS	228 S. 4TH ST.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Lee A. Wheeler III* **LEE A. WHEELER III** (941)
 1/2/98 676-7981

CR2E037 (10/97)