

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 23, 1999 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-23-1999 90052 013 \*\*\*\*\*61.25

DOCUMENT # N16109

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/29/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2803658	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing <input type="checkbox"/>	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDMAN, MARY LEIGH			1.2 NAME			
STREET ADDRESS	300 LAKESHORE BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PORTER, W. SIDNEY			2.2 NAME			
STREET ADDRESS	842 GOLDEN BOUGH ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WATERS, CHRISTINE BRYAN			3.2 NAME			
STREET ADDRESS	BRYAN GROVES			3.3 STREET ADDRESS			
CITY-ST-ZIP	BABSON PARK FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDMAN, WILLIAM M.			4.2 NAME			
STREET ADDRESS	300 LAKESHORE BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHEELER, LEE A III			5.2 NAME			
STREET ADDRESS	228 S. 4TH ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *[Signature]* 1/6/99 941-678-4204  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)