

DOCUMENT # N16109
 1. Entity Name
HISTORIC LAKE WALES SOCIETY INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90063 005 ****61.25



DO NOT WRITE IN THIS SPACE

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2803658	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

**FILE NOW:
 FEE IS \$61.25**

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

Make Check Payable to Department of State

10. 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: SIGN MARY LEIGH HARDMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01 Date 807-625-4209 Daytime Phone #

CFR2037 (10/00)