


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90013 048 ****61.25

DOCUMENT # N16109

1. Entity 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

24005385



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

01212004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
HARDMAN, MARY LEIGH
300 LAKESHORE BLVD.
LAKE WALES, FL 33853

4. FEI Number
59-2803658

Applied For
 Not Applicable

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

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

SIGNATURE _____ DATE _____
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, 2004

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

Make check payable to Florida 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	
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 an other like empowered.

SIGNATURE: Mary Leigh Hardman Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment

24005385

#N1609



Division of Corporations

received
1/6/09

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: N16109

Tracking Number: 300026033293

The charge for your Annual Report is
\$61.25

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

Sunbiz Home Page

Public Access Help

attachment

24002585



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 21, 2004

HISTORIC LAKE WALES SOCIETY INC.
325 S. SCENIC WAY.
LAKE WALES, FL 33853

SUBJECT: HISTORIC LAKE WALES SOCIETY INC.
Ref. Number: N16109

We have received your document for HISTORIC LAKE WALES SOCIETY INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 304A00003615