


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
325 S. SCENIC WAY. **325 S. SCENIC WAY.**
LAKE WALES, FL 33853 **LAKE WALES, FL 33853**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

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

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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, 2005

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

U00000179786
01/13/05-80032-016 61.25

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary Leigh Hardman* 1/13/05 805-628-4209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #