


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N16109</b> 1. Entity Name HISTORIC LAKE WALES SOCIETY INC.	
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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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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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, 2007**

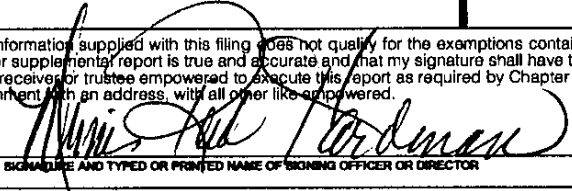
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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	

U00000595124  
 01/23/07-80027-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_