

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002267

Entity Name: LAKE WALES BREAKFAST ROTARY FOUNDATION, INC.**Current Principal Place of Business:**237 GOLDEN BOUGH RD
LAKE WALES, FL 33898**Current Mailing Address:**PO BOX 1313
LAKE WALES, FL 33859-1313 US**FEI Number:** 20-3266314**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HURST, MICHELLE
230 EAST TILLMAN AVENUE
LAKE WALES, FL 33853 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TRUSTEE
Name	BOSSARTE, CHERYL
Address	PO BOX 1313
City-State-Zip:	LAKE WALES FL 33859-1313

Title	TREASURER
Name	BORNEMANN, STEPHEN
Address	237 GOLDEN BOUGH RD
City-State-Zip:	LAKE WALES FL 33898

Title	TRUSTEE
Name	BOSSARTE, LARRY
Address	PO BOX 1313
City-State-Zip:	LAKE WALES FL 33859-1313

Title	SECRETARY
Name	WELCH, TIM
Address	PO BOX 1313
City-State-Zip:	LAKE WALES FL 33859-1313

Title	TRUSTEE
Name	COLBURN, VANESSA
Address	PO BOX 1313
City-State-Zip:	LAKE WALES FL 33859-1313

Title	TRUSTEE
Name	SHIELDS, ROBBIE
Address	PO BOX 1313
City-State-Zip:	LAKE WALES FL 33859-1313

Title	TRUSTEE
Name	WEAVER, JAMES M
Address	PO BOX 1313
City-State-Zip:	LAKE WALES FL 33859-1313

Title	TRUSTEE
Name	HILL, NIGEL
Address	PO BOX 1313
City-State-Zip:	LAKE WALES FL 33859-1313

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN BORNEMANN**TREASURER****04/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TRUSTEE, CHAIRMAN
Name LYNNE, BEVERLY
Address PO BOX 1313
City-State-Zip: LAKE WALES FL 33859-1313

Title TRUSTEE, VC
Name ROYER, JAMES
Address 3538 RIDGE VIEW LANE
City-State-Zip: LAKE WALES FL 33898

Title TRUSTEE
Name SCHILLER, LENORE
Address PO BOX 1313
City-State-Zip: LAKE WALES FL 33859-1313