

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704063

(7)

1. Corporation Name

LAKE WALES TOURIST CLUB INC

Principal Place of Business

**205 - 5TH ST., N.
LAKE WALES FL 33853
US**

Mailing Address

**14 CARSON AVE
BABSON PARK FL 33827**



3. Date Incorporated or Qualified
05/18/1962

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGUIRE, WILLIAM A
14 CARSON AVE.
BABSON PARK FL 33827**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	VERNON, CURTIS	
STREET ADDRESS	3430 HWY 27 SOUTH	
CITY-STATE-ZIP	LAKE WALES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCGUIRE, WILLIAM A	
STREET ADDRESS	14 CARSON AVE	
CITY-STATE-ZIP	BABSON PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, JIM	
STREET ADDRESS	312 RIDGE MANOR DRIVE	
CITY-STATE-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, CLIFFORD	
STREET ADDRESS	3430 HWY. 275 BOX 33	
CITY-STATE-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEAR, JOSEPH	
STREET ADDRESS	130 WEST ORANGE AVENUE	
CITY-STATE-ZIP	LAKE WALES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DEVRIES, BETTY	
STREET ADDRESS	3430 HWY. 275 BOX 38	
CITY-STATE-ZIP	LAKE WALES FL	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P Curtis, Vernon
13 STREET ADDRESS	2700 Hwy 27 N. Lot 326
14 CITY-STATE-ZIP	Lake Wales, FL
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	3430 Hwy 27 South No. 33
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	3430 Hwy. 27 South No. 38
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vernon Curtis

Vernon Curtis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

Date

941-676-9653

Daytime Phone #

CR2E037 (12/95)