

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709186

FILED  
Feb 15, 2006  
Secretary of State

**Entity Name:** LAKE WALES SCHOOL BAND ASSOCIATION, INC.

**Current Principal Place of Business:**

1 HIGHLANDER WAY  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1195  
LAKE WALES, FL 338591195 US

**New Mailing Address:**

**FEI Number:** 59-6161525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEIKERT, ROBERT E  
21399 HWY 27  
LAKE WALES, FL 33859 US

**Name and Address of New Registered Agent:**

ALLEN, KARLA  
1 HIGHLANDER WAY  
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: KARLA ALLEN

02/15/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SWEENEY, GAIL  
Address: 1060 CAMPBELL AVE.  
City-St-Zip: LAKE WALES, FL 33853

Title: PD ( ) Delete  
Name: WEIKERT, ROBERT E  
Address: 21399 HWY 27  
City-St-Zip: LAKE WALES, FL 33859

Title: VP ( ) Delete  
Name: WHANN, PENNY  
Address: 1100 DOGWOOD LANE  
City-St-Zip: LAKE WALES, FL 33898

Title: SD ( ) Delete  
Name: ALLEN, KARLA  
Address: 7731 KIMBREL ROAD  
City-St-Zip: LAKE WALES, FL 33853

Title: TD ( ) Delete  
Name: MCCOY, LOU ANN  
Address: 340 JEFFERSON ST  
City-St-Zip: LAKE WALES, FL 33859

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WEIKERT, ROBERT E  
Address: 21399 HWY 27  
City-St-Zip: LAKE WALES, FL 33859

Title: VP (X) Change ( ) Addition  
Name: WHANN, PENNY  
Address: 1100 DOGWOOD LANE  
City-St-Zip: LAKE WALES, FL 33898

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: MCCOY, LOU ANN  
Address: 340 JEFFERSON ST  
City-St-Zip: LAKE WALES, FL 33859

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KARLA ALLEN

SD

02/15/2006

Electronic Signature of Signing Officer or Director

Date