



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90028 002 ****61.25

DOCUMENT # 709186					
1. Entity Name LAKE WALES SCHOOL BAND ASSOCIATION, INC.					
Principal Place of Business 1 HIGHLANDER WAY LAKE WALES, FL 33853			Mailing Address P O BOX 1195 LAKE WALES, FL 33859-1195 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. N/A		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02132007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-6161525	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALLEN, KARLA 1 HIGHLANDER WAY LAKE WALES, FL 33853			7. Name and Address of New Registered Agent Name <u>Melodie T Pugh</u> Street Address (P.O. Box Number is Not Acceptable) <u>739 Osceola Ave</u> City <u>Lake Wales</u> FL Zip Code <u>33853</u>		
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 <u>Karla L Allen</u> <u>Melodie T Pugh</u> 2-14-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEENEY, GAIL 1060 CAMPBELL AVE. LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Melodie Pugh 739 Osceola Ave Lake Wales, FL 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEIKERT, ROBERT E 21399 HWY 27 LAKE WALES, FL 33859	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President Jan Balliett 2670 Panther Pass Lake Wales, FL 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHANN, PENNY 1100 DOGWOOD LANE LAKE WALES, FL 33898	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice President Rip Walser 504 Edgewater Drive Lake Wales FL 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, KARLA 7731 KIMBREL ROAD LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Karla Allen 7731 Kimbrel Road Lake Wales, FL 33853	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOY, LOU ANN 340 JEFFERSON ST LAKE WALES, FL 33859	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lou Ann McCoy 340 Jefferson St Lake Wales, FL 33859	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Melodie T Pugh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-4-07 863-439-1551 <small>Date Daytime Phone #</small>		