

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723690

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: LAKE WALES ARTS COUNCIL, INC.

## Current Principal Place of Business:

1099 STATE RD 60 E  
LAKE WALES, FL 33859 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 608  
LAKE WALES, FL 338590608

## New Mailing Address:

FEI Number: 23-7350046      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WADSWORTH, KEITH  
130 E. CENTRAL AVE.  
LAKE WALES, FL 33853 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: THULLBERY, ALFRED C JR  
Address: 937 CAMPBELL AVE  
City-St-Zip: LAKE WALES, FL 33853

Title: PD ( ) Delete  
Name: CHRISTOPH, CONNIE  
Address: 4702 EASTON STREET  
City-St-Zip: LAKE WALES, FL 33853

Title: VPD ( ) Delete  
Name: HOYT, NANCY H  
Address: MOUNTAIN LAKE, P.O. BOX 832  
City-St-Zip: LAKE WALES, FL 33859

Title: SD ( ) Delete  
Name: JATERS, CHRIS  
Address: 2301 ABC ROAD  
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete  
Name: DICKINSON, WILLIAM E  
Address: PO BOX 608  
City-St-Zip: LAKES WALES, FL 33859

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change ( ) Addition  
Name: WATERS, CHRIS  
Address: 2301 ABC ROAD  
City-St-Zip: LAKE WALES, FL 33853

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

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: WILLIAM E. DICKINSON

D

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date