2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 723690

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

Title: PD ( ) Delete
Name: ALEXANDER, CINDY
Address: 1351 N. HIGHLAND PARK DRIVE
City-St-Zip: LAKE WALES, FL 33898

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

Title: MD ( ) Delete
Name: CUNNINGHAM, LORI
Address: 2936 SHADY WOOD LANE
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: OTTE, JOYCE
Address: 919 CAMPBELL AVE
City-St-Zip: LAKE WALES, FL 33853

Title: VD (X) Change ( ) Addition
Name: WEAVER, JIM
Address: PO BOX 511
City-St-Zip: LAKE WALES, FL 33859

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

Title: SD (X) Change ( ) Addition
Name: CLARK, MARGARET
Address: PO BOX 903
City-St-Zip: EAGLE LAKE, FL 33839

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

I hereby certify that the information supplied with this filing does not qualify 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: LORI CUNNINGHAM MD 04/29/2009

Electronic Signature of Signing Officer or Director — Date