


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90018 049 \*\*\*\*61.25

<b>DOCUMENT # 731961</b>					
1. Entity Name <b>THE LAKE WALES BOARD OF REALTORS, INC.</b>					
Principal Place of Business <b>318 N. SCENIC HWY STE 50 LAKE WALES, FL 33853 US</b>			Mailing Address <b>318 N. SCENIC HWY P.O. BOX 671, #50 LAKE WALES, FL 33853 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1694165</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KAHLER, NANCY D P.O. BOX 671 318 N. SCENIC HWY LAKE WALES, FL 33853</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-issuing)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KAHLER, NANCY 318 N. SCENIC HWY #50 LAKE WALES, FL 33853 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCLEAN, DAVID 12 FIRST ST. SOUTH LAKE WALES, FL 33853 <input type="checkbox"/> Delete		Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAHLER, JAMES F 318 N. SCENIC HWY LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Delete		V- Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRAVEL, JOHN 343 CENTRAL AVE WEST LAKE WALES, FL 33853 <input type="checkbox"/> Delete		director ROBERT CONNOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 247 E. STUART AVE LAKE WALES, FL 33853		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WESTLY WISE, JAMES 109 N. SCENIC HWY. FROSTPROOF, FL 33843 <input type="checkbox"/> Delete		past - Pres, director <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			President <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			director PAM ESTES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 318 N. Scenic Hwy. P.O. Box 671 LAKE WALES, FL 33853		
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>Nancy D. Kahler</u>			7/7/06 863-676-1614		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		