

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769766

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: LAKE WALES LIBRARY ASSOCIATION, INC.

## Current Principal Place of Business:

290 CYPRESS GARDENS LANE  
LAKE WALES, FL 33853

## New Principal Place of Business:

## Current Mailing Address:

C/O PETE ELLIS  
PO BOX 402  
LAKE WALES, FL 33853

## New Mailing Address:

C/O ROBERT C. CONNER  
PO BOX 1079  
LAKE WALES, FL 338591079 US

FEI Number: 59-6136968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELLIS, H. L. "PETE"  
731 N. LAKESHORE BLVD.  
LAKE WALES, FL 33853 US

## Name and Address of New Registered Agent:

CONNER, ROBERT C TD  
100 W. STUART AVE.  
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: ROBERT C. CONNER

04/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: MORGAN, GLENDA G  
Address: 1109 BYRN MAWR AVE  
City-St-Zip: LAKE WALES, FL 33853

Title: PD ( ) Delete  
Name: TURNQUIST, NANCY  
Address: 1130 S. LAKESHORE BLVD.  
City-St-Zip: LAKE WALES, FL 33853

Title: TD ( ) Delete  
Name: ELLIS, H.L.  
Address: 731 N. LAKESHORE BLVD.  
City-St-Zip: LAKE WALES, FL 33853

Title: SD ( ) Delete  
Name: SCHOTMAN, LORI  
Address: 1430 N. CROOKED LK DR  
City-St-Zip: BABSON PARK, FL 33827

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition  
Name: CONNER, ROBERT C  
Address: 3624 RED OAK COURT  
City-St-Zip: LAKE WALES, FL 33898 US

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: ROBERT C. CONNER

TD

04/22/2009

Electronic Signature of Signing Officer or Director

Date