

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # N00000002058

1. Entity Name
**LAKE WALES MEMORIAL POST 71, INC., AMERICAN
LEGION**



Principal Place of Business

**705 NINTH ST. SOUTH
LAKE WALES, FL 33853**

Mailing Address

**P.O. BOX 668
LAKE WALES, FL 33859**



04192005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3641323

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, BARRY L
2 EASY STREET
LAKE WALES, FL 33853**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MILLER, BARRY (BUD) L
STREET ADDRESS 2 EASY STREET
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE D
NAME WIESING, GARY M
STREET ADDRESS 401 SUNSHINE DRIVE
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE D
NAME SHEFFER, WILBUR E
STREET ADDRESS 17379 SR 60 EAST
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000321932
04/21/05-80096-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barry L. Miller 4/19/05 863-258-2817