


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 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
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01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3641323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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6. 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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE _____
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, BARRY (BUD) L 2 EASY STREET LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIESING, GARY M 401 SUNSHINE DRIVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFFER, WILBUR E 17379 SR 60 EAST 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	

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04/11/06-80011-003 61.25

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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: *[Signature]* **3/22/06** **863-258-2817**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____