

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002058

FILED
May 18, 2009
Secretary of State

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

Current Principal Place of Business:

705 NINTH ST. SOUTH
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 668
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 59-3641323 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WIESING, GARY M
401 SUNSHINE DR.
LAKE WALES, FL 33859 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, IRA
Address: 1193 S. LAKESHORE BLVD.
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: WIESING, GARY M
Address: 401 SUNSHINE DRIVE
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: SHEFFER, WILBUR E
Address: 17379 SR 60 EAST
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SHACKOW, WILLIAM
Address: 919 LAKE THOMAS ROAD
City-St-Zip: LAKE WALES, FL 33898

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: GARY WIESING

CMDR

05/18/2009

Electronic Signature of Signing Officer or Director

Date