

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008530

FILED  
Apr 25, 2009  
Secretary of State

**Entity Name:** LAKE WALES MURALS & ENHANCEMENT, INC.

**Current Principal Place of Business:**

101 EAST PARK AVENUE  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 481  
LAKE WALES, FL 338590481

**New Mailing Address:**

**FEI Number:** 20-1608172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TONJES, CLIFFORD L  
1001 CAMPBELL AVENUE  
LAKE WALES, FL 33853 US

**Name and Address of New Registered Agent:**

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: PD ( ) Delete  
Name: TONJES, CLIFFORD L  
Address: 1001 CAMPBELL AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: SD ( ) Delete  
Name: SULLINS, KIMBERLY  
Address: 819 BRENTWOOD DRIVE  
City-St-Zip: LAKE WALES, FL 33853

Title: TD ( ) Delete  
Name: FRIEDLANDER, CATHY  
Address: 3401 FRIEDLANDER ROAD  
City-St-Zip: LAKE WALES, FL 33898

Title: D ( ) Delete  
Name: HULL, CAROLYN  
Address: 1119 NORTH LAKESHORE BOULEVARD  
City-St-Zip: LAKE WALES, FL 33853

Title: VD ( ) Delete  
Name: BENEDICT, GERALD  
Address: 455 SOUTH 4TH STREET  
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete  
Name: PARTHENAIS, BUNNY  
Address: 2300 NORTH SCENIC HWY #90  
City-St-Zip: LAKE WALES, FL 33898

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: CLIFFORD L. TONJES

PRES

04/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date