2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N05000002267 03-06-2006 90020 019 ****61.25 1. Entity Name LAKE WALES BREAKFAST ROTARY FOUNDATION, INC. Principal Place of Business Mailing Address APPLE THE WAY 230 EAST TILLMAN AVENUE LAKE WALES FL 33853 PO BOX 990 LAKE WALES FL 33859-0990 2. Principal Place of Business 3. Mailing Address PO BOX 1313 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number <u> 20 - 3266314</u> Lake Wales, FL Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 338<u>53</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HURST, MICHELLE Street Address (P.O. Box Number is Not Acceptable) 230 EAST TILLMAN AVENUE LAKE WALES FL 33853 City Zip Code 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 reinstaling) DATE THE PERSON OF THE PARTY OF THE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Due By May 1, 2006 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PRO PPE **Delete** TITLE TITLE ☐ Change Addition SHIELDS, ROBBIE 3570 Silver Ook Ct BELL, JIM NAME NAME STREET ADDRESS 905 NORTH CROOKED LAKE DRIVE STREET ADDRESS CITY-ST-ZIP **BABSON PARK FL 33827** CITY-ST-ZIP Lake Wales, FL 73898 Delete TITLE TITI F Addition ☐ Change WINDHAM, WILLIAM K 1096 SOUTO MOND PL CORRIVEAU, JUDI NAME NAME STREET ADDRESS 3281 HARBOR BEACH DRIVE STREET ADDRESS LAKE WALES FL 33859 Loke Wales, FL 33853 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change NAME REDMON, BILL NAME FALCHETTI, ERICA 421 Hillcrest Ave. STREET ADDRESS 922 STRATHMORE PLACE STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP Lake Wales, PL 33853 **8** 28 DV TITLE ☐ Delete TITLE Change ☐ Addition NAME REDMON, WENDY NAME STREET ADDRESS 922 STRATHMORE PLACE STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete DVP Addition TITLE Change Change HOWELL, DICK WELCH, TIMOTHY NAME NAME 839 CARLTON AVE 430 Marietta St. STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-ZIP .oke Wales, FL 33853 DΡ TITLE Delete TITLE ☐ Addition HURST, MICHELLE G NAME NAME 335 NORTH SCENIC HIGHWAY STREET ADDRESS STREET ADDRESS LAKE WALES FL 33859 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Mar 06, 2006 8:00 am

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