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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16109 (3)

1. Corporation Name
HISTORIC LAKE WALES SOCIETY INC.



Principal Place of Business Mailing Address
325 S. SCENIC WAY. LAKE WALES FL 33853
325 S. SCENIC WAY. LAKE WALES FL 33853-3873

3. Date Incorporated or Qualified 07/29/1986
3a. Date of Last Report 10/25/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

24 25 29 30

4. FEI Number 59-2803658
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDMAN, MARY LEIGH
300 LAKESHORE BLVD.
LAKE WALES FL 33853

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE D [] DELETE
12.2 NAME HARDMAN, MARY LEIGH
12.3 STREET ADDRESS 300 LAKESHORE BLVD.
12.4 CITY-ST-ZIP LAKE WALES FL
12.5 TITLE D [] DELETE
12.6 NAME PORTER, W. SIDNEY
12.7 STREET ADDRESS 842 GOLDEN BOUGH ROAD
12.8 CITY-ST-ZIP LAKE WALES FL
12.9 TITLE D [] DELETE
12.10 NAME WATERS, CHRISTINE BRYAN
12.11 STREET ADDRESS BRYAN GROVES
12.12 CITY-ST-ZIP BABSON PARK FL
12.13 TITLE D [] DELETE
12.14 NAME HARDMAN, WILLIAM M.
12.15 STREET ADDRESS 300 LAKESHORE BLVD.
12.16 CITY-ST-ZIP LAKE WALES FL
12.17 TITLE D [] DELETE
12.18 NAME WHEELER, LEE A III
12.19 STREET ADDRESS 228 S. 4TH ST.
12.20 CITY-ST-ZIP LAKE WALES FL
12.21 TITLE [] DELETE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-ST-ZIP

13.1 TITLE [] Change [] Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP [] Change [] Addition
13.5 TITLE [] Change [] Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP [] Change [] Addition
13.9 TITLE [] Change [] Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP [] Change [] Addition
13.13 TITLE [] Change [] Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Mary Leigh Hardman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97

Daytime Phone # 0053899

CR2E037 (9/96)