


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N16109**  
1. Entity Name  
**HISTORIC LAKE WALES SOCIETY INC.**



Principal Place of Business      Mailing Address  
**325 S. SCENIC WAY.**      **325 S. SCENIC WAY.**  
**LAKE WALES, FL 33853**      **LAKE WALES, FL 33853**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**59-2803658**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**HARDMAN, MARY LEIGH**  
**300 LAKESHORE BLVD.**  
**LAKE WALES, FL 33853**

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HARDMAN, MARY LEIGH
STREET ADDRESS	300 LAKESHORE BLVD.
CITY-ST-ZIP	LAKE WALES, FL
TITLE	D
NAME	PORTER, W. SIDNEY
STREET ADDRESS	842 GOLDEN BOUGH ROAD
CITY-ST-ZIP	LAKE WALES, FL
TITLE	D
NAME	WATERS, CHRISTINE BRYAN
STREET ADDRESS	BRYAN GROVES
CITY-ST-ZIP	BABSON PARK, FL
TITLE	D
NAME	HARDMAN, WILLIAM M.
STREET ADDRESS	300 LAKESHORE BLVD.
CITY-ST-ZIP	LAKE WALES, FL
TITLE	D
NAME	WHEELER, LEE A III
STREET ADDRESS	228 S. 4TH ST.
CITY-ST-ZIP	LAKE WALES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000412472  
02/10/06-80049-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this form does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 employees.

**SIGNATURE:** *Mary Leigh Hardman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #