SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 DEC -2 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19070

1. Corporation Name
LAKE WALES MAIN STREET, INC.

Principal Place of Business	Mailing Address
LAKE WALES MAINSTREET, INC. 100 E. STUART AVE. LAKE WALES, FL 33853	P. O. BOX 591 LAKE WALES, FL 33859-0591

3. Date Incorporated or Qualified: 02/03/1987

4. FEI Number: 59-2774401 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Lake Wales, FL	26 P. O. Box 591
Suite, Apt. #, etc. 22 100 E.Stuart Avenue	Suite, Apt. #, etc. 27
City & State 23 Lake Wales, FL	City & State 28 Lake Wales, FL
Zip / Country 24 33853 / 25 USA	Zip / Country 29 33859-0591 / 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: WYLENE LYLE
82 Street Address (P.O. Box Number is Not Acceptable): 229 E. STUART
83
84 City: LAKE WALES **FL** 85 Zip Code: 33853

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 Wylene J. Lyle
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	
TITLE / NAME P STREET ADDRESS CITY-ST-ZIP	WYLENE LYLE 229 E. STUART AVE. ~~LAKE WALES, FL 33853~~ ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002706648---1 -12/08/98--01076--010 *****61.25 *****61.25
TITLE / NAME V STREET ADDRESS CITY-ST-ZIP	LISA PEDERSON PARKS 249 E. STUART AVE. LAKE WALES, FL 33853 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME T STREET ADDRESS CITY-ST-ZIP	PAT CAIN 100 E. STUART AVE. LAKE WALES, FL 33853 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME S STREET ADDRESS CITY-ST-ZIP	JUDY GAY 340 WEST CENTRAL AVE. LAKE WALES, FL 33853 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME D STREET ADDRESS CITY-ST-ZIP	BETTYE ADAMS 245 E. PARK AVE. LAKE WALES, FL 33853 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME D STREET ADDRESS CITY-ST-ZIP	MIMI HARDMAN 300 S. LAKESHORE BLVD. LAKE WALES, FL 33853 ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/98)

14. I 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: WYLENE LYLE President Wylene J. Lyle 11/6/98 (941)676-6730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(2)

LAKE WALES
MAINSTREET

November 13, 1998

Florida Department of State
Division of Corporations
Annual Reports Filings
P. O. Box 6327
Tallahassee, Florida 32314

RE: Nonprofit Corporation Annual Report 1998 for Lake Wales Main Street, Inc.

To Whom It May Concern

In August of 1998 the Main Street Manager for Lake Wales resigned. I was hired by Lake Wales Main Street, Inc. on September 15, 1998. The former manager had been employed by the city of Lake Wales and therefore all files and correspondence was maintaned in city offices. At this time very few records, files and correspondence have been located.

Currently, I am located at 100 East Stuart with a mailing address of P. O. Box 591, Lake Wales, Florida 33859-0591. Our new telephone number is 941-679-7575.

Please forgive Lake Wales Main Street's delay in sending the information for the 1998 Nonprofit Corpration Annual Report and filing fee of $61.25. Enclosesd you will find the completed form and check.

Due to the confusion, change in personnel and change in address, I hope that you will waive the late fees. Thank you so very much for your kind consideration of this matter.

Yours sincerely,

Terri Godsell

Terri Godsell
Manager, Lake Wales Main Street, Inc.

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