
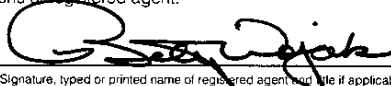
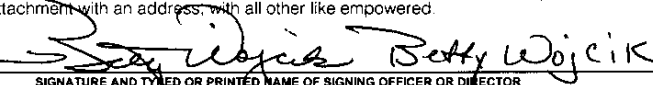


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90369 007 ****61.25

DOCUMENT # N29949 1. Entity Name THE LAKE WALES AREA FOUNDATION, INC.					
Principal Place of Business 340 WEST CENTRAL AVE (338534016) P O BOX 191 LAKE WALES, FL 33859-7191			Mailing Address 340 WEST CENTRAL AVE (338534016) P O BOX 191 LAKE WALES, FL 33859-7191		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRANZ, DONNA 340 WEST CENTRAL AVENUE LAKE WALES, FL 33853				Name Betty Wojcik Street Address (P.O. Box Number is Not Acceptable) 340 W Central Avenue City LAKE WALES FL Zip Code 33859	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD FRANZ-GABRIEL, DONNA 340 WEST CENTRAL AVENUE LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Betty Wojcik 340 West Central Avenue LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, JERRY 230 TILLMAN AVE E LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wendy Warman - Rodman P.O. Box 746 LAKE WALES, FL 33859-0766	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BREWER, PAT 222 SR 60 E LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chevon Baccus 343 W. Central Ave #105 LAKE WALES, FL 33853	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARMSTRONG, JAMES 29 STATE RD 60 W LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Corbett 1101 First Street South Winter Haven, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, BETTY 440 S AIRPORT ROAD LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Laura Mohr 1001 Burns Avenue LAKE WALES, FL 33853	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Julie Seay 247 E. Stuart Ave LAKE WALES, FL 33853	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: 			4/11/06 863-676-3445 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					