


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90202 001 ***122.50

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2933378	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOJAIK, BETTY 340 WEST CENTRAL AVENUE LAKE WALES, FL 33859			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	EXD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOJCIK, BETTY		NAME		
STREET ADDRESS	340 W CENTRL AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JERRY		NAME		
STREET ADDRESS	230 TILLMAN AVE E		STREET ADDRESS	197 E. MOUNTAIN LAKE Cut-off Rd	
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACCUS, CHEVON		NAME		
STREET ADDRESS	343 W CENTRAL AVE 105		STREET ADDRESS	1013 CAMPBELL Rd	
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOTHS, LAURA		NAME	LAURA MOTIS	
STREET ADDRESS	1001 BURNS AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, BETTY		NAME		
STREET ADDRESS	440 S AIRPORT ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEAY, JULIE		NAME		
STREET ADDRESS	247 E STUART AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/9/07		Daytime Phone # 863-676-3445

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