
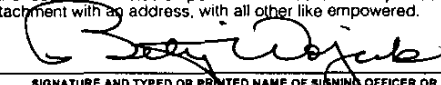


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90040 024 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-2933378				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOJAIK, BETTY 340 WEST CENTRAL AVENUE LAKE WALES, FL 33859			7. Name and Address of New Registered Agent 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, 2008		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 checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JERRY		NAME	Past-President Warman-Reidmon, Wendy	
STREET ADDRESS	197 E. MOUNTAIN LAKE CUT OFF RD.		STREET ADDRESS	P.O. Box 766	
CITY - ST - ZIP	LAKE WALES, FL 33853		CITY - ST - ZIP	Lake Wales FL 33859-0766	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACCUS, CHEVON		NAME	President Baccus, Chevon	
STREET ADDRESS	1013 CAMPBELL RD.		STREET ADDRESS	P.O. Box 3400	
CITY - ST - ZIP	LAKE WALES, FL 33853		CITY - ST - ZIP	Lake Wales FL 33859-3400	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOTIS, LAURA		NAME	Vice President Motis, Laura	
STREET ADDRESS	1001 BURNS AVE		STREET ADDRESS	P.O. Box 825	
CITY - ST - ZIP	LAKE WALES, FL 33853		CITY - ST - ZIP	Babson Park FL 33827	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, BETTY		NAME	President Elect Hunt, Ellis, Jr.	
STREET ADDRESS	440 S AIRPORT ROAD		STREET ADDRESS	P.O. Box 631	
CITY - ST - ZIP	LAKE WALES, FL 33853		CITY - ST - ZIP	Lake Wales FL 33859	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEAY, JULIE		NAME	Vice-President Morrow, Mike	
STREET ADDRESS	247 E STUART AVE		STREET ADDRESS	1838 SR 60 East	
CITY - ST - ZIP	LAKE WALES, FL 33853		CITY - ST - ZIP	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: 			1/22/08 863-676-3445		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		