

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N33945**

**(9)**

1. Corporation Name

**LAKE WALES LEGION CLUB, INC.**



Principal Place of Business

**43 WEST PARK AVENUE  
P.O. BOX 668  
LAKE WALES FL 33859-0668**

Mailing Address

**43 WEST PARK AVENUE  
P.O. BOX 668  
LAKE WALES FL 33859-0668**

3. Date Incorporated or Qualified

**08/29/1989**

3a. Date of Last Report

**03/09/1995**

4. FEI Number

**59-8200701**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAIN, GEORGE R.  
106 ALVINA AVE.  
LAKE WALES FL 33853**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*George R. Cain*  
Signature, typed or printed name of registered agent and date if applicable

*George R. Cain*  
(NOTE: Registered Agent signature required when reinstating)

DATE

**4-15-96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CAIN, GEORGE R.**  
STREET ADDRESS **106 ALVINA AVE.**  
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ DELETE

NAME **BRICE, OWEN B.**  
STREET ADDRESS **2020 US 27 ALT. SOUTH**  
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ DELETE

NAME **PILLSBURY, ROBERT E**  
STREET ADDRESS **1184 YARNELL AVE.**  
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ DELETE

NAME **JOHNSON, WILLIAM**  
STREET ADDRESS **219 E CENTRAL AVE**  
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ DELETE

NAME **ELLIS, J.C.**  
STREET ADDRESS **727 CARLTON AVENUE**  
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ DELETE

NAME **CALDWELL, O. O**  
STREET ADDRESS **1000 HICKORY HAMMOCK ROAD**  
CITY-ST-ZIP **LAKE WALES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*George R. Cain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-15-96**

Daytime Phone #

**676-7591**

CR2E037 (12/95)