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Apr 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

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

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  
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. I 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 PRESIDENT George R. Cain

4-7-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: George R. Cain PRESIDENT 4-7-97 941-696-7591

CR2E037 (9/96)