


4-15-98 B-4810 NC
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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-8200701

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip 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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

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

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

4-11-1998
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

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

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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** 4-11-98 941-676-2591

CR2E037 (10/97)