


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90066 038 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N33945</b> 1. Corporation Name <b>LAKE WALES LEGION CLUB, INC.</b>					
Principal Place of Business <b>43 WEST PARK AVENUE P.O. BOX 668 LAKE WALES FL 33859-0668</b>			Mailing Address <b>43 WEST PARK AVENUE P.O. BOX 668 LAKE WALES FL 33859-0668</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>08/29/1989</b> 4. FEI Number <b>59-8200701</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>CAIN, GEORGE R. 106 ALVINA AVE. LAKE WALES FL 33853</b>			10. Name and Address of New Registered Agent 81 Name <b>Hubbard K. Biggs</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>241 Volusia Dr.</b> 83 84 City <b>Winter Haven</b> FL 85 Zip Code <b>33884</b>		
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 <u>Hubbard K. Biggs</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP D CAIN, GEORGE R. 106 ALVINA AVE. LAKE WALES FL D BRICE, OWEN B. 2020 US 27 ALT. SOUTH LAKE WALES FL D PILLSBURY, ROBERT E 1184 YARNELL AVE. LAKE WALES FL D JOHNSON, WILLIAM 219 E CENTRAL AVE LAKE WALES FL D ELLIS, J.C. 727 CARLTON AVENUE LAKE WALES FL D CALDWELL, O. O 1000 HICKORY HAMMOCK ROAD LAKE WALES FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE D 2.2 NAME Hubbard K. Biggs 2.3 STREET ADDRESS 241 Volusia Dr. 2.4 CITY-ST-ZIP Winter Haven, Fl 33884 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		

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, with all other like empowered.

SIGNATURE:

Hubbard K. Biggs  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99  
Date

(941)324-4835  
Daytime Phone #

CR2E037 (1/98)