

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N33945**

1. Entity Name  
**LAKE WALES LEGION CLUB, INC.**



Principal Place of Business

**705 NINTH ST. SOUTH  
LAKE WALES, FL 33853**

Mailing Address

**P.O. BOX 668  
LAKE WALES, FL 33859**

**DO NOT WRITE IN THIS SPACE**



01072006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-6200701**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, B.L. BUD  
2 EASY ST  
LAKE WALES, FL 33853**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MILLER, B.L. BUD
STREET ADDRESS	2 EASY ST
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	SHEFFER, WILBUR
STREET ADDRESS	17379 SR 60 E
CITY-ST-ZIP	LAKE WALES, FL
TITLE	D
NAME	WIESING, GARY M
STREET ADDRESS	401 SUNSHINE DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000480936  
04/11/06-80011-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*B.L. Bud Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/22/06**

Date

**863-258-2817**

Daytime Phone