2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2007 8:00 am Secretary of State DOCUMENT # N33945 1. Entity Name 02-23-2007 90039 039 ****61.25 LAKE WALES LEGION CLUB, INC. Principal Place of Business Mailing Address マママリオひりご 705 NINTH ST. SOUTH P.O. BOX 668 LAKE WALES FL 33859 LAKE WALES FL 33853 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-6200701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IESING, MILLER, B.L. BUD Street Address (P.O. Box Number is Not Acceptable) 2 EASY ST LAKE WALES FL 33853 401 SUNSHINE Zip Code 338-59 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. 2-14-07 SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. IIILE Delete Change Addition NAME MILLER, B.L. BUD NAME ANDERSON, IRA 1193 SOUTH LAKESHORE BLUD STREET ADDRESS 2 EASY ST STREET ADDRESS CITY ST ZIP CITY: ST-7IP LAKE WALES FL 33853 LAKE WALES ☐ Delete ☐ Change ☐ Addition TITLE HILE NAME SHEFFER, WILBUR NAME. STREET ADDRESS STREET ADDRESS 17379 SR 60 E CHY SE ZIP LAKE WALES FL CITY ST ZIP Change Delete HITTE TITLE ☐ Addition NAM NAME WIESING, GARY M STREET ADDRESS STREET ADDRESS 401 SUNSHINE DRIVE CITY ST ZIP CHY SI-ZIP LAKE WALES FL 33853 Delete ☐ Change ☐ Addition NAMI NAML STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-ST-7IP mir ☐ Delete IIIE ☐ Change □ Addition NAME NAME STREET LADDRESS STREET ADDRESS CHY ST-ZIP CITY ST ZIP TITLE Deleie THUE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

STREET ADDRESS CHY ST 7IP

SIGNATURE:

STREET ADDRESS

CHY SI-ZIP

ARY M WIESING 2-14-07

FILED

863-638-9343