

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47247

FILED
Apr 19, 2006
Secretary of State

Entity Name: LAKE WALES ELKS LODGE, INC. LODGE NO. 1974

Current Principal Place of Business:

16905 HWY. 27
LAKE WALES, FL

New Principal Place of Business:

16905 HWY. 27
LAKE WALES, FL 33853

Current Mailing Address:

POST OFFICE BOX 1242
LAKE WALES, FL 338591242 US

New Mailing Address:

FEI Number: 59-0895650 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SEAY, HENRY L
102 BABSON DR
BABSON PARK, FL 33827 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BATES, BARBARA
Address: 981 ULMER RD #106
City-St-Zip: FROSTPROOF, FL 33843

Title: T () Delete
Name: WEBB, JOSEPH
Address: PO BOX 482
City-St-Zip: LAKE WALES, FL 33859

Title: P () Delete
Name: SEAY, HENRY L
Address: 102 BABSON DR
City-St-Zip: BABSON PARK, FL 33827

Title: TST () Delete
Name: LESTER, LARRY
Address: 1714 S. LAKE REEDY BLVD
City-St-Zip: FROSTPROOF, FL 33843

Title: TST () Delete
Name: BATES, RICHARD
Address: 981 ULMER RD #106
City-St-Zip: FROSTPROOF, FL 33843

Title: TST () Delete
Name: PRENTISS, JAMES
Address: 203 C F KINNEY RD #C
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY L. SEAY

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date