

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:27

DOCUMENT # N93000002342 (4)

1. Corporation Name

LAKE WALES SENIOR CENTER, INC.

Principal Place of Business

Mailing Address

129 E STUART AVE
LAKE WALES FL 33853
US

129 E STUART AVE
LAKE WALES FL 33853
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/21/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3185888

Applied For
Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARPINO, NICK
129 EAST STUART AVENUE
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ARPINO, NICK
STREET ADDRESS 366 CANAL COURT
CITY-ST-ZIP LAKE WALES FL 33853

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

☐ Change ☐ Addition

TITLE VD
NAME REDMAN, WILLIAM
STREET ADDRESS 240 CLUBHOUSE DR.
CITY-ST-ZIP LAKE WALES FL 33853

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

☒ Change ☐ Addition

TITLE VD
NAME BERNHARD, EMILY
STREET ADDRESS 953 CAMPBELL AVENUE
CITY-ST-ZIP LAKE WALES FL 33853

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

☒ Change ☐ Addition

TITLE SD
NAME HUNT, LOIS
STREET ADDRESS 900 REDWOOD WAY
CITY-ST-ZIP LAKE WALES FL 33853

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

☐ Change ☐ Addition

TITLE TD
NAME HUNT, HERBERT
STREET ADDRESS 900 REDWOOD WAY
CITY-ST-ZIP LAKE WALES FL 33853

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

☐ Change ☐ Addition

TITLE D
NAME REDMAN, DOREEN
STREET ADDRESS 2704 CLUBHOUSE DR.
CITY-ST-ZIP LAKE WALES FL 33853

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

☒ Change ☐ Addition

D
MIKULA, EDWARD
527 SUNSHINE DR
LAKE WALES, FL 33853

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 190.03(1)(k), 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

HERBERT H. HUNT

2/14/95

(813) 676-1741

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone Number