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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33853-4127 US

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

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

9. Name and Address of Current Registered Agent

ARPINO, NICK
129 EAST STUART AVENUE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

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 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 Nick Arpino — NICK ARPINO — APRIL 18, 1997
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	ARPINO, NICK		1.2 NAME	MIKULA, EDWARD	
STREET ADDRESS	366 CANAL COURT		1.3 STREET ADDRESS	527 SUNSHINE DR.	
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	FRUGE, HERMAN		2.2 NAME	RAYMOND BOWMAN	
STREET ADDRESS	PO BOX 8663 N/A		2.3 STREET ADDRESS	5111 SADDLEBAG LAKE RD.	
CITY-ST-ZIP	FEDHAVEN FL		2.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	VD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	ARPINO, HELEN		3.2 NAME	HELEN ARPINO	
STREET ADDRESS	366 CANAL CT		3.3 STREET ADDRESS	366 CANAL COURT	
CITY-ST-ZIP	LAKE WALES FL		3.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	SD	☐ DELETE	4.1 TITLE	ASST. T.D.	☐ Change ☒ Addition
NAME	HUNT, LOIS		4.2 NAME	MILLIE MOORE	
STREET ADDRESS	900 REDWOOD WAY		4.3 STREET ADDRESS	225 N. LAKESHORE DR.	
CITY-ST-ZIP	LAKE WALES FL 33853		4.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	TD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUNT, HERBERT		5.2 NAME		
STREET ADDRESS	900 REDWOOD WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MIKULA, EDWARD		6.2 NAME		
STREET ADDRESS	527 SUNSHINE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE Helen E Arpino — 4/18/97