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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 US

3. Date Incorporated or Qualified: 05/21/1993

4. FEI Number: 59-3185888 ☐ Applied For ☐ Not Applicable

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

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No NA

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: Lois J. Hunt 82 Street Address (P.O. Box Number is Not Acceptable): 900 Redwood Way 83 84 City: Lake Wales FL 85 Zip Code: 33853

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: Lois J. Hunt Lois J. Hunt
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	Center Director	☐ Change ☐ Addition
NAME	~~ARPINO, NICK~~		1.2 NAME	Lois J. Hunt	
STREET ADDRESS	366 CANAL COURT		1.3 STREET ADDRESS	900 Redwood Way	
CITY-ST-ZIP	~~LAKE WALES FL 33853~~		1.4 CITY-ST-ZIP	Lake Wales, Florida 33853	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOWMAN, RAYMOND		2.2 NAME		
STREET ADDRESS	5111 SADDLEBAG LAKE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARPINO, HELEN		3.2 NAME		
STREET ADDRESS	366 CANAL CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUNT, LOIS		4.2 NAME		
STREET ADDRESS	900 REDWOOD WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		4.4 CITY-ST-ZIP		
TITLE	ATD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, MILLIE		5.2 NAME		
STREET ADDRESS	225 N LAKESHORE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ 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 (10/97)

14. I 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: Lois J. Hunt Lois J. Hunt 3/6/98 (941) 676-1741