FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90142 002 ****61.25

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DOCUMENT # **N93000002342**

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

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

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

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

HUNT, LOIS J
900 REDWOOD WAY
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 Lois J. Hunt Director — Lois J. Hunt Director — April 7th, 1999
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JUNT, LOIS J		1.2 NAME		
STREET ADDRESS	900 REDWOOD WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CITY-ST-ZIP		
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	Treasurer/Director	☐ Change ☐ Addition
NAME	ARPINO, HELEN		3.2 NAME	Robert Waring	
STREET ADDRESS	366 CANAL CT		3.3 STREET ADDRESS	733 Hunt Drive	
CITY-ST-ZIP	LAKE WALES FL		3.4 CITY-ST-ZIP	Lake Wales, Fl. 33853	
TITLE	SD	☒ DELETE	4.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	HUNT, LOIS		4.2 NAME	Hoeppner, Joyce	
STREET ADDRESS	900 REDWOOD WAY		4.3 STREET ADDRESS	3435 Saddlebag Lake Rd.	
CITY-ST-ZIP	LAKE WALES FL 33853		4.4 CITY-ST-ZIP	Lake Wales Fl. 33853	
TITLE	ATD	☒ DELETE	5.1 TITLE	Assistant Director Treasurer	☒ Change ☐ Addition
NAME	MOORE, MILLIE		5.2 NAME	Arpino, Helen	
STREET ADDRESS	225 N LAKESHORE DR		5.3 STREET ADDRESS	366 Canal Ct.	
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-ST-ZIP	Lake Wales, Fl. 33853	
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		

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, with all other like empowered.

SIGNATURE: Lois J. Hunt SIGNATURE REQUIRED Lois J. Hunt 4/7/99 (941) 676-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)