

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90056 029 ****61.25

DOCUMENT # N93000002342

1. Entity Name

LAKE WALES SENIOR CENTER, INC.

Principal Place of Business

**129 E STUART AVE
LAKE WALES FL 33853
US**

Mailing Address

**129 E STUART AVE
LAKE WALES FL 33853
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3185888

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, LOIS J~~**900 REDWOOD WAY
LAKE WALES FL 33853**~~**800 GEORGIA AVE
ST. CLOUD FL 34769**

Name

Street Address (P.O. Box Number is Not Acceptable)

800 GEORGIA AVE.

City

ST. CLOUD**FL**

Zip Code

34769

8. 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

LOIS J. HUNT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/01**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, LOIS J 900 REDWOOD WAY LAKE WALES FL 33853	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOWMAN, RAYMOND 5111 SADDLEBAG LAKE RD LAKE WALES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARING, ROBERT 733 HUNT DR LAKE WALES FL 33853	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOEPPNER, JOYCE 5435 SADDLEBAG LAKE RD LAKE WALES FL 33853	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MCKENZIE, HELEN 27 PARKWOOD RD WINTER HAVEN FL 33881-2627	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hunt, Lois J. 800 Georgia Ave St. Cloud, FL 34769	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHIRLEY D. WARING 733 HUNT DRIVE LAKE WALES FL 33853	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lois J. Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**April 9th, 2001**
Date

Daytime Phone #

CR2E037 (10/00)