## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 29, 2002 8:00 am Secretary of State DOCUMENT # N9300002342 1. Entity Name LAKE WALES SENIOR CENTER, INC. 04-29-2002 90138 003 \*\*\*\*61.25 Mailing Address Principal Place of Business 129 E STUART AVE 129 E STUART AVE LAKE WALES FL 33853 LAKE WALES FL 33853 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3185888 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HUNT, LOIS J 800 GEORGIA AVE SAINT CLOUD FL 34769 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITI F ☐ Delete TITLE HUNT, LOIS J NAME NAME STREET ADDRESS STREET ADDRESS **800 GEORGIA AVE** CITY-ST-ZIP SAINT CLOUD FL 34769 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BOWMAN, RAYMOND BOWMAN, RAYMOND NAME SILL SADOLE BAG LAKE RD NAME 5111 SADDLEBAG LAKE RD STREET ADDRESS STREET ADDRESS LAKE WALES, FL 33853 CITY-ST-ZIP LAKE WALES FL CiTY-ST-ZIP ☐ Addition ☐ Change ρŌ ŤD ☐ Delete TITLE TITLE 733 HUNT DAIVE WARING, ROBERT --NAME ---733 HUNT DR STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP 50 Addition SD Change TITLE ☐ Delete TITLE SPELLING WARING SHIRLEY D. WARINH, SHIRLEY D NAME NAME STREET ADDRESS 733 HUNT DRIVE STREET ADDRESS FL 33853 CITY-ST-ZIP WALES CITY-ST-ZIP LAKE WALES FL 33853 ATD TITLE ☐ Change Addition ☐ Delete TITLE MCKENZIE, HELEN NAME NAME STREET ADDRESS 27 PARKWOOD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881-2627 ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

ROBERT E. WARING

FILED