2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90082 008 ****61.25

DOCUMENT # N93000002342

1. Entity 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

03182004 Chg-NP CR2E037 (10/03)

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
WARING, ROBERT E 233 HUNT DR. LAKE WALES, FL 33853	Name: BECKER, HUBERT E. Street Address (P.O. Box Number is Not Acceptable): 403 EAST CENTRAL AVE City: LAKE WALES FL Zip Code: 33853

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: HUBERT E. BECKER — DATE: 4/13/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida 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 800 GEORGIA AVE SAINT CLOUD, FL 34769	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BECKER, HUBERT E. 403 EAST CENTRAL AVE. LAKE WALES FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOWMAN, RAYMOND 5111 SADDLEBAG LAKE RD LAKE WALES, FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BECKER, SHARON 403 EAST CENTRAL AVE LAKE WALES FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARING, ROBERT 733 HUNT DR LAKE WALES, FL 33853	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ELSWICK, MILLIE 225 NORTH LAKESHORE DR LAKE WALES FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WARING, SHIRLEY D 733 HUNT DRIVE LAKE WALES, FL 33853	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD ALVAREZ, FRANCES 436 EAST PARK AVE LAKE WALES FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD MCKENZIE, HELEN 27 PARKWOOD RD WINTER HAVEN, FL 338812627	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARCHOLIC, RUTH BLD: 44 WEST LEISURE LA APT 44E NALCREST FL 33856	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIGHAM, MARJORIE 15 KEENAN WAY FROSTPROOF FL 33843	☐ 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: Hubert E. Becker — Date: 4/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #