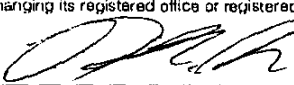
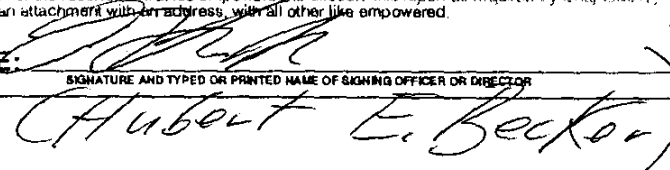


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 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	
WARING, ROBERT E 233 HUNT DR. LAKE WALES, FL 33853				Name <u>BECKER, HUBERT E.</u> Street Address (P.O. Box Number is Not Acceptable) <u>403 EAST CENTRAL AVE</u> City <u>LAKE WALES</u> FL <u>33853</u>	
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 <u>HUBERT E. BECKER</u>  DATE <u>4/13/04</u> Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is <u>\$61.25</u> 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					
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 6111 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, MARTORIE 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:  DATE <u>4/13/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					