

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90024 010 \*\*\*\*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

00011046



1st MOORE

CR2E037 (10/04)

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

BECKER, HUBERT E  
403 CENTRAL AVE  
LAKE WALES FL 33853

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	PD	<input type="checkbox"/> Delete
NAME	BECKER, HUBERT E	
STREET ADDRESS	403 EAST CENTRAL AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, RAYMOND	
STREET ADDRESS	5111 SADDLEBAG LAKE RD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BECKER, SHARON	
STREET ADDRESS	403 EAST CENTRAL AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ELSWICK, MILLIE	
STREET ADDRESS	225 NORTH LAKESHORE DR	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	ALVAREZ, FRANCES	
STREET ADDRESS	436 EAST PARK AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAREHOLIC, RUTH	
STREET ADDRESS	BLD. 44 WEST LEISUEW LN-APT 44E	
CITY-ST-ZIP	NALCREST FL 33856	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SHIRLEY WAKING	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	733 HUNT DRIVE	
STREET ADDRESS	LAKE WALES FL 33853	
CITY-ST-ZIP		
TITLE	Elizabeth Dunbar	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3501 N. MARINA PKWY	
STREET ADDRESS	LAKE WALES FL 33898-8454	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #