2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002342

Entity Name: LAKE WALES SENIOR CENTER, INC.

FILED Apr 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 129 E STUART AVE 129 E. STUART AVENUE LAKE WALES, FL 33853 LAKE WALES, FL 33853 US US **Current Mailing Address: New Mailing Address:** 129 E STUART AVE LAKE WALES, FL 33853 US FEI Number: 59-3185888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER, HUBERT E 403 CENTRAL AVE LAKE WALES, FL 33853 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BECKER, HUBERT E Name: Name: 403 EAST CENTRAL AVE Address: Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition Name: WARING, SHIRLEY Name: DUNBAR, ARNOLD Address: 733 HUNT DRIVE Address: 3501 N. MARINA PKWY City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: LAKE WALES, FL 33898 Title: () Delete Title: () Change () Addition BECKER, SHARON Name: Name: Address: 403 EAST CENTRAL AVE Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: DUNBAR, ELIZABETH Name: Address: 3501 N MARINA PKWY Address: City-St-Zip: LAKE WALES, FL 338988454 City-St-Zip: Title: ATD () Delete Title: () Change () Addition ALVAREZ, FRANCES Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: HUBERT E. BECKER DIR. 04/15/2006

436 EAST PARK AVE

WAREHOLIC, RUTH

NALCREST, FL 33856

LAKE WALES, FL 33853

(X) Delete

BLD. 44 WEST LEISUEW LN-APT 44E

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition