

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002342**

1. Entity Name  
**LAKE WALES SENIOR CENTER, INC.**



Principal Place of Business  
**129 E. STUART AVENUE  
LAKE WALES, FL 33853 US**

Mailing Address  
**129 E STUART AVE  
LAKE WALES, FL 33853 US**



01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**BECKER, HUBERT E  
403 CENTRAL AVE  
LAKE WALES, FL 33853**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/30/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000598736  
01/24/07-80085-023 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKER, HUBERT E 403 EAST CENTRAL AVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNBAR, ARNOLD 3501 N. MARINA PKWY LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKER, SHARON 403 EAST CENTRAL AVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNBAR, ELIZABETH 3501 N MARINA PKWY LAKE WALES, FL 338988454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD ALVAREZ, FRANCES 436 EAST PARK AVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**1/30/07 (863) 678-0662**