

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002342

FILED
Apr 27, 2009
Secretary of State

Entity Name: LAKE WALES SENIOR CENTER, INC.

Current Principal Place of Business:

129 E. STUART AVENUE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

129 E STUART AVE
LAKE WALES, FL 33853 US

New Mailing Address:

FEI Number: 59-3185888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAHN, JOHN G
405 SW FLOWER LANE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

LYTTLE, LEO H
129 E STUART 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: LEO LYTTLE

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: LYTTLE, LEO
Address: PO BOX 7295
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: T () Delete
Name: HAHN, JOHN
Address: 405 SUNFLOWER LANE
City-St-Zip: HAINES CITY, FL 33844

Title: AS () Delete
Name: BECKER, SHARON
Address: 403 EAST CENTRAL AVE
City-St-Zip: LAKE WALES, FL 33853

Title: ATD () Delete
Name: ALVAREZ, FRANCES
Address: 436 EAST PARK AVE
City-St-Zip: LAKE WALES, FL 33853

Title: S () Delete
Name: SLUMPE, HELEN
Address: 8539 BREEZE HILL DRIVE
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: STUMPF, HELEN
Address: 8539 BREEZE HILL DR.
City-St-Zip: LAKE WALES, FL 33898

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SLUMPF, HELEN
Address: 8539 BREEZE HILL DRIVE
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: LEO LYTTLE

CH

04/27/2009

Electronic Signature of Signing Officer or Director

Date