

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000164 (2)**

1. Corporation Name

LAKE WALES RESIDENTS COUNCIL, INC.



Principal Place of Business 750 OLD SCENIC HIGHWAY 100 LAKE WALES FL 33853 US		Mailing Address P.O. BOX 627 APT. 122-B LAKE WALES FL 33859 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 01/12/1995			
4. FEI Number 59-3292454		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JONES, FLORA D 750 OLD SCENIC HIGHWAY APT. 122-B LAKE WALES FL 33853		10. Name and Address of New Registered Agent 81 Name Cheryl Hird Jamison 82 Street Address (P.O. Box Number is Not Acceptable) 750 Old Scenic Hwy Apt. 115A 83 84 City LAKE WALES FL 85 Zip Code 33853	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Cheryl Hird Jamison, President* (NOTE: Registered Agent signature required when reinstating) DATE **4-26-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JONES, FLORA D		1.2 NAME Cheryl HIRD JAMISON	
STREET ADDRESS 750 OLD SCENIC HIGHWAY, APT. 122-B		1.3 STREET ADDRESS 750 OLD SCENIC HWY APT. 115A	
CITY-ST-ZIP LAKE WALES FL 33853		1.4 CITY-ST-ZIP LAKE WALES, FL 33853	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEST, CONCHETTA		2.2 NAME	
STREET ADDRESS 750 OLD SCENIC HIGHWAY, APT. 122-B		2.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WALES FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMILTON, ROSIE B		3.2 NAME	
STREET ADDRESS 750 OLD SCENIC HIGHWAY, APT. 122-B		3.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WALES FL 33853		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLISON, DIANA		4.2 NAME	
STREET ADDRESS 750 OLD SCENIC HIGHWAY, APT. 122-B		4.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WALES FL 33853		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOBO, ANTHONY		5.2 NAME	
STREET ADDRESS 7501 OKEECHOBEE CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Flora Jones* 4/26/98 941 1228 3412

CR2E037 (10/97)