


FILE NOW: FILING FEE IS \$61.25

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90010 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000164					
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 21 750 OLD SCENIC HWY Suite, Apt. #, etc. 22 Building 100 City & State 23 LAKE WALES FL Zip Country 24 33853 25 USA		2a. Mailing Address 26 208 Bullard Ave. West Suite, Apt. #, etc. 27 City & State 28 LAKE WALES FL Zip Country 29 33853 30 USA		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	

9. Name and Address of Current Registered Agent JAMISON, C H 750 OLD SCENIC HWY APT 115A LAKE WALES FL 33853				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 617.1503, Florida Statutes.

SIGNATURE CHERYL H. Jamison Cheryl Ann Jamison 5-26-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, FLORA D	1.2 NAME	
STREET ADDRESS	750 OLD SCENIC HIGHWAY, APT. 122-B	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMISON, C H	2.2 NAME	
STREET ADDRESS	750 OLD SCENIC HWY, APT 115A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	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, with all other like empowered.

SIGNATURE: Cheryl Ann Jamison 5-26-99 941-676-9535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)