

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005279

FILED
Mar 27, 2012
Secretary of State

Entity Name: THE LAKE WALES LIONS CLUB, INC.

Current Principal Place of Business:

PERKINS RESTAURANT
503 HAMLIN ST.
LAKE WALES, FL 33853

New Principal Place of Business:

WATERS EDGE
10 WEST GROVE AVE
LAKE WALES, FL 33853

Current Mailing Address:

P.O. BOX 261
LAKE WALES, FL 338590261

New Mailing Address:

FEI Number: 59-6170032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLOWAY, KATHE S
843 S. LAKE STARR BLVD.
LAKE OF THE HILLS
LAKE WALES, FL 33898 US

Name and Address of New Registered Agent:

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:

Title: P
Name: GALLOWAY, TOM P
Address: 843 S. LAKE STARR BLVD.
City-St-Zip: LAKE WALES, FL 33898 US

Title: V
Name: CLIFFORD, JOHN E
Address: 1152 CEPHIA STREET
City-St-Zip: LAKE WALES, FL 33853 US

Title: T
Name: CLIFFORD, BARBARA
Address: 1152 CEPHIA STREET
City-St-Zip: LAKE WALES, FL 33853 US

Title: S
Name: GALLOWAY, KATHE S
Address: 843 SOUTH LAKE STARR BLVD
City-St-Zip: LAKE WALES, FL 33898 US

Title: M
Name: SMITH, JOSEPH R
Address: 7106 NALCREST RD PO BOX 6284
City-St-Zip: NALCREST, FL 33856 US

I hereby 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 all other like empowered.

SIGNATURE: KATHIE S GALLOWAY

SEC

03/27/2012

Electronic Signature of Signing Officer or Director

Date