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Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90008 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006907

1. Corporation Name

LAKE WALES HIGH SCHOOL ACADEMIC FOUNDATION, INC.

Principal Place of Business

#1 HIGHLANDER WAY
LAKE WALES FL 33853

Mailing Address

#1 HIGHLANDER WAY
LAKE WALES FL 33853

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/08/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3549882	
24 Country		29 Country		30	
5. Certificate of Status Desired ☐				Applied For	
				Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

KURSCHNER, SHARON
#1 HIGHLANDER WAY
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUNT, FRANK III	1.2 NAME	
STREET ADDRESS	803 N. LAKESHORE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUNT, LAURA	2.2 NAME	
STREET ADDRESS	803 N. LAKESHORE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, LADONNA	3.2 NAME	
STREET ADDRESS	1051 HURLBUT CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, DENNY	4.2 NAME	
STREET ADDRESS	1051 HURLBUT CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LASSITER, RENEE	5.2 NAME	
STREET ADDRESS	3537 WHITE OAK COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LASSITER, ED	6.2 NAME	
STREET ADDRESS	3537 WHITE OAK COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)