

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90156 033 *****61.25

DOCUMENT # N98000006907

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3549882**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASHLEY, TERRY
#1 HIGHLANDER WAY
LAKE WALES FL 33853**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MCGILL, SUSIE	
STREET ADDRESS	3470 NURLBURT CIRCLE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGILL, RICK	
STREET ADDRESS	3470 HURLBURT	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, CECIL F	
STREET ADDRESS	843 GOLDEN-BOUGH ROAD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, MARY L	
STREET ADDRESS	843 GOLDEN BOUGH ROAD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASSITER, RENEE	
STREET ADDRESS	3537 WHITE OAK COURT	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASSITER, ED	
STREET ADDRESS	3537 WHITE OAK COURT	
CITY-ST-ZIP	LAKE WALES FL 33853	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cecil F Gibson* **CECIL F GIBSON** 4/14/03 8636962121

CR2E037 (10/02)