

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005463

FILED
Jan 12, 2006
Secretary of State

Entity Name: LAKE WALES LITERACY COUNCIL, INC.

Current Principal Place of Business:

140 E PARK AVE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

140 E PARK AVE
LAKE WALES, FL 33853 US

New Mailing Address:

FEI Number: 59-3604567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAKE, ROSEMARY
140 E PARK AVE
LAKE WALES, FL 33853 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: S () Delete
Name: SWEAT, FRAN
Address: 826 WILDABON AVENUE
City-St-Zip: LAKE WALES, FL 33859

Title: VP () Delete
Name: QUAM, ROB
Address: 140. E PARK AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: TONJES, CLIFF
Address: 1001 CAMPBELL AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: P () Delete
Name: GAUSS, BETSY
Address: 1042 OLD CUTTER
City-St-Zip: LAKE WALES, FL 33859

Title: T () Delete
Name: REITZ, WALTER
Address: 803 CARLTON AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: FALKENHOF, JACK
Address: 5063 LAKE PIERCE DR
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PARTHENAIS, BUNNY
Address: P.O. BOX 832
City-St-Zip: LAKE WALES, FL 33859

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BETSY GAUSS

P

01/12/2006

Electronic Signature of Signing Officer or Director

Date