

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004884

Entity Name: LAKE WALES MUSEUM ASSOCIATION, INC.**Current Principal Place of Business:**325 SOUTH SCENIC HWY.
LAKE WALES, FL 33853**Current Mailing Address:**P.O. BOX 323
LAKE WALES, FL 33859**FEI Number: 47-4258468****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRAY, JESSICA
33 N. LAKESHORE BLVD.
LAKE WALES, FL 33853 US*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**Officer/Director Detail :**

Title	TREASURER
Name	BRAY, JESSICA
Address	33 N. LAKESHORE BLVD.
City-State-Zip:	LAKE WALES FL 33853

Title	CHAIRMAN
Name	WHEELER, LEE A III
Address	868 TARTAN LOOP
City-State-Zip:	LAKE WALES FL 33853

Title	D
Name	COWLES, CHAUNCEY D IV
Address	31 OAK STREET
City-State-Zip:	BABSON PARK FL 33827

Title	SECRETARY
Name	CONNORS, ROBERT
Address	3311 HARBOR BEACH DR.
City-State-Zip:	LAKE WALES FL 33859

Title	PRESIDENT
Name	THOMPSON, RICHARD
Address	325 SCENIC HWY.
City-State-Zip:	LAKE WALES FL 33853

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: JESSICA BRAY**TREASURER****04/29/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date