2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2024
Secretary of State
8131655701CC

DOCUMENT# N19070

Entity Name: LAKE WALES MAIN STREET, INC.

Current Principal Place of Business:

243 E. PARK AVE
LAKE WALES, FL 33853

Current Mailing Address:

P. O. BOX 4125
LAKE WALES, FL 33859 US

FEI Number: 59-2774401

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WOOD, RONNI
243 E. PARK AVE
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: RONNI WOOD 04/24/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	INGLEY, RUSTY
Address	30 E TILLMAN AVE
City-State-Zip:	LAKE WALES FL 33853

Title	DIRECTOR
Name	BUSKIRK, RYAN
Address	100 E STUART AVE. SUITE C
City-State-Zip:	LAKE WALES FL 33853

Title	SECRETARY
Name	RUNKLE, ERIKA
Address	245 E. PARK AVE.
City-State-Zip:	LAKE WALES FL 33853

Title	DIRECTOR
Name	NAVARRO, ALEIA
Address	1137 DRUID CIRCLE
City-State-Zip:	LAKE WALES FL 33853

Title	TREASURER
Name	REED, KRISTIE
Address	300 W CENTRAL AVE
City-State-Zip:	LAKE WALES FL 33853

Title	DIRECTOR
Name	SIKES, MARGIE
Address	31 FAIRCHILD STREET
City-State-Zip:	BABSON PARK FL 33827

Title	PRESIDENT
Name	CREWS, SCOTT
Address	251 E. PARK AVENUE
City-State-Zip:	LAKE WALES FL 33853

Title	DIRECTOR
Name	QUAM, ROB
Address	140 E. PARK AVENUE
City-State-Zip:	LAKE WALES FL 33853

Continues on page 2

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: SCOTT CREWS PRESIDENT 04/24/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WEBER, PETE
Address	PO BOX 832
City-State-Zip:	LAKE WALES FL 33859

Title	VP
Name	VOGEL, DOLORES
Address	218 E PARK AVENUE
City-State-Zip:	LAKE WALES FL 33853

Title	DIRECTOR
Name	WOLF, SANDRA
Address	2 E WALL STREET
City-State-Zip:	FROSTPROOF FL 33843

Title	DIRECTOR
Name	SMITH, ALRICKY
Address	130 E. CENTRAL AVE
City-State-Zip:	LAKE WALES FL 33853

Title	DIRECTOR
Name	JAMES, TAMMY
Address	1130 S LAKESHORE BLVD
City-State-Zip:	LAKE WALES FL 33853