## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006787

**Entity Name: HISTORICAL SOCIETY OF LAKE WORTH INC** 

**FILED** Apr 25, 2021 **Secretary of State** 7632636570CC

## **Current Principal Place of Business:**

15 N. M STREET

LAKE WORTH BEACH, FL 33460

## **Current Mailing Address:**

15 N. M STREET

LAKE WORTH BEACH, FL 33460 US

FEI Number: 81-3200453 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REED, JUDY 15 N. M STREET LAKE WORTH, FL 33460 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 **PRESIDENT** Title VΡ

LOCKWOOD, STEVE CONE, MARION Name Name 1502 CREST DR Address **511 LUCERNE AVE** Address

APT. #318

City-State-Zip: LAKE WORTH BEACH FL 33461 City-State-Zip: LAKE WORTH BEACH FL 33460

Title DIRECTOR Title TR

Name SHELDON, PATRICIA MRS. Name REED, JUDY

Address 202 N PALMWAY 406 MONTEREY SQ Address

LAKE WORTH BEACH FL 33460 City-State-Zip: BOYNTON BEACH FL 33436 City-State-Zip:

Title DIRECTOR

Title DIRECTOR Name MULHERN, TOM MR.

Name BURLE, BENJAMIN MR. Address 511 LUCERNE AVE. Address

P.O. BOX 1071 APT. 320

City-State-Zip: LAKE WORTH BEACH FL 33460 City-State-Zip: LAKE WORTH BEACH FL 33460

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.

04/25/2021 SIGNATURE: JUDY D. REED TREASURER