

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006787

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

**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  
Name            LOCKWOOD, STEVE  
Address        511 LUCERNE AVE  
                  APT.#318  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            VP  
Name            CONE, MARION  
Address        1502 CREST DR  
City-State-Zip: LAKE WORTH BEACH FL 33461

Title            TR  
Name            REED, JUDY  
Address        406 MONTEREY SQ  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            BURLE, BENJAMIN MR.  
Address        P.O. BOX 1071  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            DIRECTOR  
Name            GUYAUX, SUSAN  
Address        131 NO. GOLFOVIEW RD  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            DIRECTOR  
Name            ROBINSON, HERMAN  
Address        14 OCEAN BREEZE  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            DIRECTOR  
Name            BROWNSTEIN, TED  
Address        1016 SO. LAKESIDE DR  
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.*

**SIGNATURE: JUDY D. REED**

**TREASURER**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date