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Feb 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N24153 (1)

1. Corporation Name

MOUNTAIN LAKE COMMUNITY SERVICE, INC.



Principal Place of Business

Mailing Address

MOUNTAIN LAKE  
1 ALTERNATE 27 N. P.O. BOX 832  
LAKE WALES FL 33859-0832

MOUNTAIN LAKE  
1 ALTERNATE 27 N. P.O. BOX 832  
LAKE WALES FL 33859-0832

3. Date Incorporated or Qualified  
12/30/1987

3a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2868636

Applied For  
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~NELSON, R.T.  
225 E. PARK AVENUE  
LAKE WALES FL 33853~~

81 Name

D. Andrew Hunt

82 Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 1260, 225 E. Park Avenue

83

84 City

Lake Wales

FL

85 Zip Code

33853

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/19/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GADSDEN, PATRICIA	
STREET ADDRESS	91 MOUNTAIN LAKE	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, ANNE	
STREET ADDRESS	25 MOUNTAIN LAKE	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PATTERSON, EUGENE F.	
STREET ADDRESS	14 MOUNTAIN LAKE	
CITY - ST - ZIP	LAKE WALES	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARTHENAIS, MARIAMNE	
STREET ADDRESS	90 MOUNTAIN LAKE	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, LOUISE	
STREET ADDRESS	48 MOUNTAIN LAKE	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEHR, ELAINE	
STREET ADDRESS	87 MOUNTAIN LAKE	
CITY - ST - ZIP	LAKE WALES FL	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMESON, BETTY	
1.3 STREET ADDRESS	11 MOUNTAIN LAKE	
1.4 CITY - ST - ZIP	LAKE WALES	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EDEN, CAY	
5.3 STREET ADDRESS	117 MOUNTAIN LAKE	
5.4 CITY - ST - ZIP	LAKE WALES, FL	
6.1 TITLE	D. TAFF, KATHARONE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	19 MOUNTAIN LAKE	
6.4 CITY - ST - ZIP	LAKE WALES	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
ANNE BROWN

2/19/97  
Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0064060

CR2E037 (9/96)