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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N24153

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/30/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2868636

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

-\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNT, D. ANDREW
 225 E. PARK AVE.
 LAKE WALES FL 33853

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME TD BROWN, ANNE
 STREET ADDRESS 25 MOUNTAIN LAKE
 CITY-ST-ZIP LAKE WALES FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME SD PIERSON, PAUL S
 STREET ADDRESS 103 MOUNTAIN LAKE
 CITY-ST-ZIP LAKE WALES FL

2.1 TITLE Change Addition
 2.2 NAME SD
 2.3 STREET ADDRESS Richmond, Eleanor A.
 83 Mountain Lake
 2.4 CITY-ST-ZIP Lake Wales, Florida 33853

TITLE DELETE
 NAME D KRUMM, ROBERT R
 STREET ADDRESS 48 MOUNTAIN LAKE
 CITY-ST-ZIP LAKE WALES FL

3.1 TITLE Change Addition
 3.2 NAME D
 3.3 STREET ADDRESS Barrows, Joy
 15 Mountain Lake
 3.4 CITY-ST-ZIP Lake Wales, Florida 33853

TITLE DELETE
 NAME D EDEN, CAY
 STREET ADDRESS 117 MOUNTAIN LAKE
 CITY-ST-ZIP LAKE WALES FL

4.1 TITLE Change Addition
 4.2 NAME VD
 4.3 STREET ADDRESS Modtich, Marian Y.
 97 Mountain Lake
 4.4 CITY-ST-ZIP Lake Wales, Florida 33853

TITLE DELETE
 NAME VD TAFF, KATHARENE
 STREET ADDRESS 19 MOUNTAIN LAKE
 CITY-ST-ZIP LAKE WALES FL

5.1 TITLE Change Addition
 5.2 NAME VD
 5.3 STREET ADDRESS Taff, Katharine L.
 19 Mountain Lake
 5.4 CITY-ST-ZIP Lake Wales, Florida 33853

TITLE DELETE
 NAME TD
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME TD
 6.3 STREET ADDRESS Deaver, Darwin H
 109 Mountain Lake
 6.4 CITY-ST-ZIP Lake Wales, Florida 33853

14. I 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, with all other like empowered.

SIGNATURE: *James P. Deaver* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99
 Date

941-676-3260
 Daytime Phone #

CR2E037 (11/98)