

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42042

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: TROUT LAKE NATURE CENTER, INC.

## Current Principal Place of Business:

520 EAST CR 44  
EUSTIS, FL 32724 US

## New Principal Place of Business:

520 EAST CR 44  
EUSTIS, FL 32726 US

## Current Mailing Address:

P O BOX 641  
EUSTIS, FL 327277641

## New Mailing Address:

P O BOX 641  
EUSTIS, FL 32727-641

FEI Number: 65-3039878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MICHELIS, FRED  
1150 LAKE DORA DR  
TAVARES, FL 32778 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: YOKEL, BERNIE  
Address: 313 POND ROAD  
City-St-Zip: MT. DORA, FL 32757

Title: DVP ( ) Delete  
Name: RAETHER, TRINA  
Address: 12533 BLUE HERON  
City-St-Zip: LEESBURG, FL 34788

Title: DT ( ) Delete  
Name: MACFARLANE, RONALD  
Address: 25735 WHISPER OAKS ROAD  
City-St-Zip: LEESBURG, FL 34748

Title: DS ( ) Delete  
Name: FESSLER, ELEANOR  
Address: 172 PARKLAND DRIV  
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete  
Name: THOMPSON, HORACE  
Address: 4320 BRITT ROAD  
City-St-Zip: MT. DORA, FL 32757

Title: D ( ) Delete  
Name: GUNKEL, WALTER  
Address: 704 HAWLEY STREET  
City-St-Zip: EUSTIS, FL 32726

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: MACFARLANE, RONALD  
Address: 4849 SABLE RIDGE COURT  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SIGMAN, MARGIE  
Address: 2035 SUZANNE DRIVE  
City-St-Zip: MT. DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RONALD MACFARLANE

DT

03/24/2008

Electronic Signature of Signing Officer or Director

Date