

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42042

FILED
Jan 05, 2012
Secretary of State

Entity Name: TROUT LAKE NATURE CENTER, INC.

Current Principal Place of Business:

520 EAST CR 44
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 641
EUSTIS, FL 32727 US

New Mailing Address:

FEI Number: 59-3039878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELS, 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
Name: JOAN, BRYANT
Address: 707 POINSETTIA DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: DVP
Name: DONNA, KELLEY
Address: 522 TAMMI DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: DT
Name: MACFARLANE, RONALD
Address: 4849 SABLE RIDGE COURT
City-St-Zip: LEESBURG, FL 34748

Title: DS
Name: RAETHER, TRINA
Address: 12533 BLUE HERON WAY
City-St-Zip: LEESBURG, FL 34788

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

Title: D
Name: PELHAM, MORRIS
Address: 2440 BAR HARBOR BAY
City-St-Zip: MT. DORA, FL 32757 US

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: RONALD MACFARLANE

DT

01/05/2012

Electronic Signature of Signing Officer or Director

Date