

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N24153 (1)

1. Corporation Name

MOUNTAIN LAKE COMMUNITY SERVICE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:48

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1987	3a. Date of Last Report 01/20/1994
4. FEI Number 59-2868636	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARTHEINIS, MARIAMNE
STREET ADDRESS	90 MOUNTAIN LAKE
CITY-ST-ZIP	LAKE WALES FL
TITLE	D
NAME	GRUMME, FRED J.
STREET ADDRESS	108 MOUNTAIN LAKE
CITY-ST-ZIP	LAKE WALES FL
TITLE	D
NAME	PATTERSON, EUGENE
STREET ADDRESS	14 MOUNTAIN LAKE
CITY-ST-ZIP	LAKE WALES FL
TITLE	PD
NAME	KLINE, JEAN
STREET ADDRESS	112 MOUNTAIN LAKE
CITY-ST-ZIP	LAKE WALES FL
TITLE	D
NAME	ADAMSON, HELEN
STREET ADDRESS	79 MOUNTAIN LAKE
CITY-ST-ZIP	LAKE WALES FL
TITLE	D
NAME	O'CONNOR, MARCELLA
STREET ADDRESS	21 MOUNTAIN LAKE
CITY-ST-ZIP	LAKE WALES, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	☒ Change ☐ Addition
1.2 NAME	PARTHEINIS, MARIAMNE	
1.3 STREET ADDRESS	90 MOUNTAIN LAKE	
1.4 CITY-ST-ZIP	LAKE WALES FL 33859	
2.1 TITLE	T/D	☒ Change ☐ Addition
2.2 NAME	BROWN, ANNE	
2.3 STREET ADDRESS	25 MOUNTAIN LAKE	
2.4 CITY-ST-ZIP	LAKE WALES FL 33859	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	CALDER, ROBERT G. JR.	
3.3 STREET ADDRESS	106 MOUNTAIN LAKE	
3.4 CITY-ST-ZIP	LAKE WALES FL 33859	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Robert G. Calder, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT G. CALDER, JR.

1/18/95 813-676-3127
(Date) (Telephone Number)