

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Country

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25

29

30

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 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 ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PARHTEINAI, MARIAMNE	
STREET ADDRESS	90 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	S	<input checked="" type="checkbox"/> DELETE
NAME	CALDER, ROBERT G. J	
STREET ADDRESS	106 MOUNTAIN LAKE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KLINE, JEAN	
STREET ADDRESS	112 MOUNTAIN LAKE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMSON, HELEN	
STREET ADDRESS	79 MOUNTAIN LAKE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNOR, MARCELLA	
STREET ADDRESS	21 MOUNTAIN LAKE	
CITY-ST-ZIP	LAKE WALES, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Gadsden, Patricia	
13 STREET ADDRESS	91 Mountain Lake	
14 CITY-ST-ZIP	Lake Wales, FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Patterson, Eugene F.	
33 STREET ADDRESS	14 Mountain Lake	
34 CITY-ST-ZIP	Lake Wales, FL	
41 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	M Parthenais, Mariamne	
43 STREET ADDRESS	90 Mountain Lake	
44 CITY-ST-ZIP	Lake Wales, FL	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Adams, Louise	
53 STREET ADDRESS	48 Mountain Lake	
54 CITY-ST-ZIP	Lake Wales, FL	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Behr, XXXX Elaine	
63 STREET ADDRESS	87 Mountain Lake	
64 CITY-ST-ZIP	Lake Wales, FL	

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 119.07(3)(k), 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:

Anne C. Brown

Anne C. Brown, Treasurer

1/19/96

941-676-1164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)