FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N24153

1. Corporation Name

(1)

MOUNTAIN LAKE COMMUNITY SERVICE, INC.

Principal Place of Business		Mailing Address			ANG 1111 01014 3484 01044 01044 4104 01411 1001
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 Data Incorporated or Qualific	d. 12a Date of Loss Basset
				3. Date incorporated or Qualifie 12/30/1987	d 3a. Date of Last Report 01/29/1996
21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2868636	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	}	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z _f p	Country	· · · · · · · · · · · · · · · · · · ·	or intangible tax under s. 199.032,
24	[25] 9. Name and Address of Currer		30	Florida Statutes 10. Name and Address of New	☐ Yes ☐ No Registered Agent
81 Name					
NELSON, R.T. B2 Street Add					table)
225 E. PARK AVENUE				Address (P.O. Box Number Is Not Accept 1260, 225 E. Pi	ark' Avenue
LAKE'W	ALES FL 33853		63		
·			64 City	ake Wales	FL 85 Zip Code 33853
11. Pursuant i	o the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	the above-named	corporation submits this statement for th	e nurrose 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	U W	774			2/19/97
12.	Signature, typed or printed name of registered age OFFICERS AN	ID DIRECTORS	Hegistered Agent algnature	e required when reinstating) ADDITIONS/CHANGES TO DE	FICERS AND DIRECTORS IN 12
TITLE	VD	DELETE	1.1 TITLE	VD	Change Addition
NAME	GADSDEN, PATRICIA	'\	1.2 NAME		• • • • • • • •
STREET ADDRESS	91 MOUNTAIN LAKE		1.3 STREET ADDRESS	JAMESON, B 11 HOUNTAIN FARE	eny
CITY - ST - ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP	II HOUNTAIN GAR	I LAKE WALES
TITLE	TD DDOMAN ANNE	☐ DELETE	2.1 TITLE	14	Change Addition
NAME STREET ADDRESS	Brown, anne 25 Mountain Lake		2.2 NAME		
CITY-S1-ZIP	LAKE WALES FL		2.3 STREET ADDRESS 2.4 CITY+ST-ZIP		
TITLE	SD	DELETE	3.1 TITLE		Change Addition
NAME	PATTERSON, EUGENE F.		3.2 NAME		
STREET ADDRESS	14 MOUNTAIN LAKE		3.3 STREET ADDRESS		
CITY - S1 - ZIP	LAKE WALES		3.4. City+St-ZIP		
TITLE	PD DADTUCALAIC MADIAMAGE	DELETE	4 1 TITLE		Change Addition
NAME STREET ADDRESS	PARTHENAIS, MARIAMNE 90 MOUNTAIN LAKE		4 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		4.4 CITY-ST-ZIP		
THE	D	DELETE	51 TITLE	0 , 044	Change Addition
NAME	ADAMS, LOUISE		52 NAME	EDEN, CAY	∠
STREET ADDRESS	48 MOUNTAIN LAKE		5 3 STREET ADDRESS	117 MOUNTAIN WAT	=
CITY-ST-ZIP	LAKE WALES FL	····	5.4 CiTY+ST-ZIP	LAKE Wales, FL	
TITLE	D DOLLD ELAME	DELETE	6.1 TITLE	D. TAFF, KAThar	Change Addition
NAME	BEHR, ELAINE		6.2 NAME	19 MOUNTAIN !	AKE
STREET ADDRESS CITY-ST-ZIP	87 MOUNTAIN LAKE LAKE WALES FL		6.3 STREET ADDRESS	LAKE Wales	***
14. I do hereb	ov certify that the information supplie	d with this filing does not qualify	64 CiTY-ST-ZIP for the exemption s	stated in Section 119 07(3)(i) Florida State	utes. 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.					
A STATE OF THE STA					

SIGNATURE:

ANNE BROWN Care Brown 7

2/19/97

FILED

Feb 25 1997 8:00am

Secretary of State