

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24153

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: MOUNTAIN LAKE COMMUNITY SERVICE, INC.

## Current Principal Place of Business:

2300 N SCENIC HWY  
LAKEWALES, FL 33898

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 832  
LAKE WALES, FL 338590832

## New Mailing Address:

FEI Number: 59-2868636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUNT, D. ANDREW  
225 E. PARK AVE.  
LAKE WALES, FL 33853 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: D ( ) Delete  
Name: LOWENSTEIN, SANDY  
Address: 66 MOUNTAIN LAKE  
City-St-Zip: LAKE WALES, FL 33898

Title: PD ( ) Delete  
Name: CONNER, SUSAN  
Address: 61 MOUNTAIN LAKE  
City-St-Zip: LAKE WALES, FL 33898

Title: SD ( ) Delete  
Name: FISCHER, JOSEPHINE  
Address: 119 MOUNTAIN LAKE  
City-St-Zip: LAKE WALES, FL 33898

Title: TD ( ) Delete  
Name: BURNS, WILLIAM G  
Address: 110 MOUNTAIN LAKE  
City-St-Zip: LAKE WALES, FL 33898

Title: D ( ) Delete  
Name: GRAY, JOAN B  
Address: 107 MOUNTAIN LAKE  
City-St-Zip: LAKE WALES, FL 33898

Title: D ( ) Delete  
Name: MOORE, JOHN B  
Address: 93 MOUNTAIN LAKE  
City-St-Zip: LAKE WALES, FL 33898

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition  
Name: BLAUVELT, BARBARA  
Address: 113 MOUNTAIN LAKE  
City-St-Zip: LAKE WALES, FL 33898

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

Title: D (X) Change ( ) Addition  
Name: BUTLER, SUSAN  
Address: 47 MOUNTAIN LAKE  
City-St-Zip: LAKE WALES, FL 33898

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM G. BURNS

TD

01/04/2005

Electronic Signature of Signing Officer or Director

Date