## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

LAKE WALES FL 33859-0832

P.O. BOX 832

## **DOCUMENT # N24153**

1. Entity Name

Principal Place of Business

2300 N SCENIC HWY

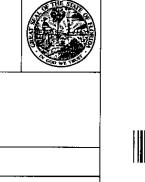
LAKEWALES FL 33898

MOUNTAIN LAKE COMMUNITY SERVICE, INC.



## **FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90127 025 \*\*\*\*61.25





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2. Principal Place of Business 3. M				failing Address							AN ANGAN IAAN
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-2868636 Applied For			pplied For		
											lot Applicable
Zip		Country	ip Country				5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Curre	ent Register	ed Agent				7. Name and Add	ress of New Registers	d Agent	
HUNT, D. ANDREW 225 E. PARK AVE. LAKE WALES FL 33853						Name  Street Address (P.O. Box Number is Not Acceptable)					
						City	····		<b>F</b>	Zip Cod	de
8. The above	3. The above named entity submits this statement for the purpose of changing its register							ed agent or both in	-	_	and accent
the obliga	tions of regist	ered agent.			5 . 0 g. 0 . 0 . 0	ia omoo o	· rogiotoit	so agont, or both, in	uno otate of Fiorida. Fe	in raininar with	, and accept
SIGNATURE											
SIGNATURE		or printed name of registered as	gent and title if ap	olicable. (NO	E: Registered	d Agent signer	Ture required	when reinstating)	DAT	F	<del></del>
									DAI.	- 	
	FILE NOW	: FEE IS \$61.25	9. Election Ca Trust Fund		_		\$5.00 May Be Added to Fees	Make Che Florida Dep	eck Payable artment of		
10.	·	OFFICERS AND	DIRECTORS		11.	<del></del>		DDITIONS (CHANCE	S TO OFFICERS AND	DIDECTOROUS	1.10
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CITY-ST-ZIP	1					ET ADDRESS					
M11-31-21	<del></del>	ES FL 33853			CITY-	·ST-ZIP	LAK	E WALES	FL 35898		
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TREET ADDRESS	83 MOUNT	AIN LAKE			STREE	ET ADDRESS	119	MOUNTA	5 1-L 3389		
CITY-ST-ZIP	LAKE WAL	ES FL 33853			CITY-	ST-ZIP	LAI	CFINALL	C FL 2269	Q .	
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					NAME			N B, FRA			
TREET ADDRESS	15 MOUNT					T ADDRESS	107	MOUNTAR	NAKE		
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AME	TAFF, KAT			•	NAME			NB. MOO			
TREET ADDRESS	19 Mount	ain lake			STREE	T ADDRESS		MOUNTAIN			
!TY-ST-ZIP	LAKE WAL	ES FL 33853			CITY-	ST-ZIP	LAK	E WALES, 7	FL 35898		
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AME	HOYT, NAM	ICY H			NAME	ı	JULI	A SAWYE	es M.D.		
TREET ADDRESS	<b>68 MOUNT</b>				STREE	T ADDRESS	116	A SAWYER	N' LAKE		
ITY-ST-Z!P		ES FL 33853			CITY-	ST-ZIP	100	= 4) ALEC	FL 53898		
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LAKE WALES, FL 55898 12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HAWBLIAMG. BURNS