

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007925

**Entity Name:** BE FREE LAKE, INC.

**Current Principal Place of Business:**

1050 BOYD DRIVE  
MOUNT DORA, FL 32757

**Current Mailing Address:**

P O BOX 64  
YALAHA, FL 34797 US

**FEI Number:** 11-3762675

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MACINTYRE, DEBORAH R  
1050 BOYD DRIVE  
MOUNT DORA, FL 32757 US

*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

**Officer/Director Detail :**

Title VC  
Name THOMPSON, B E  
Address 1203 CHESTERFIELD CT  
City-State-Zip: EUSTIS FL 32726

Title CHAIRMAN  
Name GLASS, STEPHANIE  
Address 518 W ALFRED ST  
City-State-Zip: TAVARES FL 32778

Title SECRETARY  
Name VAN GELDER, DR STEVE  
Address 131 WEST MAIN ST  
City-State-Zip: TAVARES FL 32778

Title TREASURER  
Name ABOYTES, JOELLE ESQ.  
Address 1300 S. DUNCAN DRIVE, BLDG D  
City-State-Zip: TAVARES FL 32788

Title TRUSTEE  
Name HOLDER, JACK  
Address 360 W. RUBY STREET  
City-State-Zip: TAVARES FL 32778

Title TRUSTEE  
Name WOOD, NANCY E  
Address 3001 SW COLLEGE ROAD BUILDING  
20, ROOM 201  
City-State-Zip: OCALA FL 34474

Title TRUSTEE  
Name FISCHER, KYLEEN  
Address PO 491000  
City-State-Zip: LEESBURG FL 34749

Title TRUSTEE  
Name ARGENTO, JAMES ESQ.  
Address 550 WEST MAIN STREET  
PO BOX 7800  
City-State-Zip: TAVARES FL 32778

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** DEBI MACINTYRE

**EXECUTIVE DIRECTOR**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title EXECUTIVE DIRECTOR  
Name MACINTYRE, DEBI  
Address PO BOX 64  
City-State-Zip: YALAHA FL 34797