

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001374

**Entity Name:** LAKE CARES, INC.**Current Principal Place of Business:**2001 WEST OLD HWY 441, SUITE #1  
MOUNT DORA, FL 32757**Current Mailing Address:**2001 WEST OLD HWY 441, SUITE #1  
MOUNT DORA, FL 32757**FEI Number:** 26-4223345**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'MALLEY, IRENE  
2001 WEST OLD HWY 441, SUITE #1  
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	PRES
Name	HOECHST, CATHERINE
Address	2001 W OLD HWY 441, SUITE #1
City-State-Zip:	MOUNT DORA FL 32757
Title	VP
Name	MUENZMAY, NANCY
Address	2001 WEST OLD HWY 441, SUITE #1
City-State-Zip:	MOUNT DORA FL 32757
Title	EXECUTIVE DIRECTOR
Name	O'MALLEY, IRENE
Address	2001 WEST OLD HWY 441, SUITE #1
City-State-Zip:	MOUNT DORA FL 32757

Title	TREA
Name	BEATTY, PRISCILLA
Address	2001 W OLD HWY 441, SUITE #1
City-State-Zip:	MOUNT DORA FL 32757
Title	SEC
Name	MANNING, JULIE
Address	2001 W OLD HWY 441, SUITE #1
City-State-Zip:	MOUNT DORA FL 32757

*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:** IRENE O'MALLEY**EXECUTIVE DIRECTOR****01/11/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date