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.	

Ρ

SIGNATURE: DAVID ABELLARD

City-State-Zip: GREENACRES FL 33463

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Na Ad Citv

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

Title	P	Title	VP
Name	ABELLARD, DAVID	Name	ANGLADE, MOISE
Address	4849 LAKE WORTH ROAD	Address	4849 LAKE WORTH RO
City-State-Zip:	GREENACRES FL 33463	City-State-Zip:	GREENACRES FL 334
Title	D		
Name	ANDERSON, DAVID		
Address	4849 LAKE WORTH ROAD		

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000011789

Entity Name: MIL LAKE WELLNESS & COMMUNITY CENTER, INC

Current Principal Place of Business:

4849 LAKE WORTH ROAD GREENACRES. FL 33463

Current Mailing Address:

4849 LAKE WORTH ROAD GREENACRES, FL 33463

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

MANNING, DENISE 4849 LAKE WORTH ROAD GREENACRES, FL 33463 US

FILED Jan 25, 2023 Secretary of State 7270860387CC

Certificate of Status Desired: No

OAD 463

> 01/25/2023 Date

Date