

**2020 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

**Certificate of Status Desired:** No

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

MANNING, DENISE  
4849 LAKE WORTH ROAD  
GREENACRES, FL 33463 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 P  
Name ABELLARD, DAVID  
Address 4849 LAKE WORTH ROAD  
City-State-Zip: GREENACRES FL 33463

Title VP  
Name ANGLADE, MOISE  
Address 4849 LAKE WORTH ROAD  
City-State-Zip: GREENACRES FL 33463

Title D  
Name ANDERSON, DAVID  
Address 4849 LAKE WORTH ROAD  
City-State-Zip: GREENACRES FL 33463

*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:** DAVID ABELLARD

P

01/27/2020

Electronic Signature of Signing Officer/Director Detail

Date