

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42042

**Entity Name:** TROUT LAKE NATURE CENTER, INC.**Current Principal Place of Business:**520 EAST CR 44  
EUSTIS, FL 32736**Current Mailing Address:**520 EAST CR 44  
EUSTIS, FL 32736 US**FEI Number:** 59-3039878**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUL, KELLY  
520 EAST CR 44  
EUSTIS, FL 32736 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:** PAUL KELLY

03/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name BRYANT, JOAN  
Address 520 EAST CR 44  
City-State-Zip: EUSTIS FL 32736

Title DIRECTOR  
Name BENDER, DEE  
Address 520 EAST CR 44  
City-State-Zip: EUSTIS FL 32736

Title PRESIDENT, DIRECTOR  
Name NAPIER, STANLEY  
Address 520 EAST CR 44  
City-State-Zip: EUSTIS FL 32736

Title DIRECTOR  
Name THOMPSON, HORACE  
Address 520 EAST CR 44  
City-State-Zip: EUSTIS FL 32736

Title VP, DIRECTOR  
Name PELHAM, MORRIS  
Address 520 EAST CR 44  
City-State-Zip: EUSTIS FL 32736

Title DIRECTOR  
Name LAROE, MARJORIE  
Address 520 EAST CR 44  
City-State-Zip: EUSTIS FL 32736

Title DIRECTOR  
Name NEIBERT, RON  
Address 520 EAST CR 44  
City-State-Zip: EUSTIS FL 32736

Title TREASURER, DIRECTOR  
Name KELLY, PAUL  
Address 520 EAST CR 44  
City-State-Zip: EUSTIS FL 32736

**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:** PAUL KELLY

TREASURER

03/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WEXLER, BOB
Address	520 EAST CR 44
City-State-Zip:	EUSTIS FL 32736