

2013 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 32726**Current Mailing Address:**P O BOX 641
EUSTIS, FL 32727 US**FEI Number:** 59-3039878**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MICHEL, FRED
1150 LAKE DORA DR
TAVARES, FL 32778 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 DP
Name JOAN, BRYANT
Address 707 POINSETTIA DRIVE
City-State-Zip: EUSTIS FL 32726

Title DVP
Name DONNA, KELLEY
Address 522 TAMMI DRIVE
City-State-Zip: LEESBURG FL 34788

Title DT
Name MACFARLANE, RONALD
Address 4849 SABLE RIDGE COURT
City-State-Zip: LEESBURG FL 34748

Title DS
Name NELSON, JOAN
Address 314 BELLE AYRE DRIVE
City-State-Zip: MT. DORA FL 32757

Title D
Name THOMPSON, HORACE
Address 4320 BRITT ROAD
City-State-Zip: MT. DORA FL 32757

Title D
Name PELHAM, MORRIS
Address 2440 BAR HARBOR BAY
City-State-Zip: MT. DORA FL 32757

Title DIRECTOR
Name RYAN, JOANN
Address 2545 KAREN DRIVE
City-State-Zip: MT. 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: RONALD MACFARLANE**TREASURER****02/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date