

**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:**

MICHELS, 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