

2021 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:**EILEEN, TRAMONTANA
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:** EILEEN TRAMONTANA

02/03/2021

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

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: STANLEY NAPIER**PRESIDENT**

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date