2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004
Secretary of State

DOCUMENT# 753542

Entity Name: LAKE WALES CARE CENTER, INC.

Current Principal Place of Business:

140 E PARK AVE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

140 E PARK AVE
LAKE WALES, FL 33853 US

New Mailing Address:

FEI Number: 59-2015847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUAM, ROBERT
140 E. PARK AVE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOSTER, TODD
Address: P.O. BOX 3400
City-St-Zip: LAKE WALES, FL 33859

Title: TD ( ) Delete
Name: MARTIN, BOB
Address: 2626 EAGLE CT
City-St-Zip: LAKE WALES, FL 33898

Title: SD ( ) Delete
Name: LEVINE, MARK
Address: 133 E TILLMAN AVE
City-St-Zip: LAKE WALES, FL 33853

Title: VD ( ) Delete
Name: LIGHTSEY, CHARLOTTE
Address: 2230 SAM KEEN RD.
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LIGHTSEY, CHARLOTTE
Address: 2230 SAM KEEN RD
City-St-Zip: LAKE WALES, FL 33898 US

Title: TD (X) Change ( ) Addition
Name: PARLIER, MARK
Address: 843 CAMPBELL AVE
City-St-Zip: LAKE WALES, FL 33853

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: MONTGOMERY, RANDY
Address: 210 PRESIDENTS DRIVE
City-St-Zip: LAKE WALES, FL 33859

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLOTTE LIGHTSEY PD 08/05/2004

Electronic Signature of Signing Officer or Director — Date