

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753542

FILED  
Jan 26, 2007  
Secretary of State

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: MORROW, YVONNE DR.  
Address: 3323 SPLASH PINE DRIVE  
City-St-Zip: LAKE WALES, FL 33898 US

Title: TD ( ) Delete  
Name: JAHNA, JAMES MR.  
Address: P. O. DRAWER 840  
City-St-Zip: LAKE WALES, FL 338530840

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

Title: VD ( ) Delete  
Name: MORROW, MIKE MR.  
Address: 232 SOUTH LAKESHORE DRIVE  
City-St-Zip: LAKE WALES, FL 33859

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MORROW, MICHAEL MR.  
Address: 232 S. LAKESHORE DR.  
City-St-Zip: LAKE WALES, FL 33853 US

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

Title: SD (X) Change ( ) Addition  
Name: MORGAN, GLENDA MRS.  
Address: 3351 HARBOR BEACH DRIVE  
City-St-Zip: LAKE WALES, FL 33859

Title: VD (X) Change ( ) Addition  
Name: JAHNA, JAMES MR.  
Address: P. O. DRAWER 840  
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 Chapter 119, 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: MICHAEL MORROW

MR.

01/26/2007

Electronic Signature of Signing Officer or Director

Date