

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753542

FILED
Jan 21, 2008
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, MICHAEL MR.
Address: 232 S. LAKESHORE DR.
City-St-Zip: LAKE WALES, FL 33853 US

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

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

Title: VD () Delete
Name: JAHNA, JAMES MR.
Address: P. O. DRAWER 840
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JAHNA, JAMES MR.
Address: P. O. DRAWER 840
City-St-Zip: LAKE WALES, FL 33859 US

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

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

Title: VD (X) Change () Addition
Name: SEITZ, TOM MR.
Address: 221 S. 4TH ST
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify 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: TIM MCLEOD

DOF

01/21/2008

Electronic Signature of Signing Officer or Director

Date