

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001374

FILED
Mar 01, 2011
Secretary of State

Entity Name: LAKE CARES, INC.

Current Principal Place of Business:

2001 WEST OLD HWY 441, SUITE #1
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

2001 WEST OLD HWY 441, SUITE #1
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 26-4223345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARADIS, DEBRA
2001 WEST OLD HWY 441, SUITE #1
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

O'MALLEY, IRENE
2001 WEST OLD HWY 441, SUITE #1
MOUNT DORA, FL 32757 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: IRENE O'MALLEY

03/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HOYER, PAUL PASTOR
Address: 2001 W OLD HWY 441, SUITE #1
City-St-Zip: MOUNT DORA, FL 32757 US

Title: TREA
Name: BEATTY, PRISCILLA
Address: 2001 W OLD HWY 441, SUITE #1
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VP
Name: HOECHST, CATHY
Address: 2001 W OLD HWY 441, SUITE #1
City-St-Zip: MOUNT DORA, FL 32757 US

Title: SEC
Name: HAMIES, STEPHANIE
Address: 2001 W OLD HWY 441, SUITE #1
City-St-Zip: MOUNT DORA, FL 32757 US

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: IRENE O'MALLEY

ED

03/01/2011

Electronic Signature of Signing Officer or Director

Date