2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# N24153

Entity Name: MOUNTAIN LAKE COMMUNITY SERVICE, INC.

Current Principal Place of Business:

2300 N SCENIC HWY
LAKEWALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 832
LAKE WALES, FL 338590832

New Mailing Address:

FEI Number: 59-2868636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNT, D. ANDREW
225 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:	BUTLER, SUSAN	
Address:	47 MOUNTAIN LAKE	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	D	( ) Delete
Name:	BLANCHARD, ANN	
Address:	35 MOUNTAIN LAKE	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	SD	( ) Delete
Name:	BLAUVELT, BARBARA	
Address:	113 MOUNTAIN LAKE	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	T	( ) Delete
Name:	BURNS, WILLIAM G	
Address:	110 MOUNTAIN LAKE	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	D	( ) Delete
Name:	LINTON, MAX	
Address:	6 MOUNTAIN LAKE	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	D	( ) Delete
Name:	MOORE, JOHN B	
Address:	93 MOUNTAIN LAKE	
City-St-Zip:	LAKE WALES, FL 33898	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MYERS, DIXIE	
Address:	121 MOUNTAIN LAKE	
City-St-Zip:	LAKE WALES, FL 33898	

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: WILLIAM G. BURNS T 01/16/2007

Electronic Signature of Signing Officer or Director — Date