

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24153

FILED
Jan 30, 2009
Secretary of State

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: MYERS, DIXIE
Address: 121 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: LEMP, JOAN
Address: 8 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: PROBERT, EDWARD
Address: 81 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
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Address:
City-St-Zip:

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

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

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: WILLIAM G. BURNS

T

01/30/2009

Electronic Signature of Signing Officer or Director

Date