

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753542

Entity Name: LAKE WALES CARE CENTER, INC.**Current Principal Place of Business:**140 E PARK AVE
LAKE WALES, FL 33853**Current Mailing Address:**140 E PARK AVE
LAKE WALES, FL 33853 US**FEI Number:** 59-2015847**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUAM, ROBERT
140 E. PARK AVE
LAKE WALES, FL 33853 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	REYNOLDS, CHAD REV.
Address	1012 SUNSET DR
City-State-Zip:	LAKE WALES FL 33853

Title	TREASURER
Name	KIMBROUGH, JOHN
Address	754 TARTAN LOOP
City-State-Zip:	LAKE WALES FL 33853

Title	SECRETARY
Name	BACHELDER, MARY EMMA
Address	810 CHAMBERLAIN LOOP
City-State-Zip:	LAKE WALES FL 33853

Title	VC
Name	MARKLEY, SCOTT REV
Address	291 BROOKSHIRE STREET
City-State-Zip:	LAKE WALES FL 33898

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: REV. CHAD REYNOLDS

CHAIRMAN

03/19/2020

Electronic Signature of Signing Officer/Director Detail_____
Date