

2014 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 SC
Name HOYT, NANCY MS.
Address MOUNTAIN LAKE; P.O. BOX 832
City-State-Zip: LAKE WALES FL 33859

Title CHAIRMAN
Name BROWN, JERRY
Address 834 N LAKESHORE BLVD.
City-State-Zip: LAKE WALES FL 33853

Title TREASURER
Name PARLIER, MARK
Address 843 CAMPBELL AVE
City-State-Zip: LAKE WALES FL 33853

Title VC
Name MOTIS, JOHN
Address PO BOX 825
City-State-Zip: BABSON PARK FL 33827

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: JERRY BROWN

CHAIRMAN

01/24/2014

Electronic Signature of Signing Officer/Director Detail

Date