

2023 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	WILKINSON, ROY
Address	915 N LAKESHORE BLVD
City-State-Zip:	LAKE WALES FL 33853

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

Title	SECRETARY
Name	FASEL, TERRY
Address	427 TOWER VIEW DRIVE
City-State-Zip:	LAKE WALES FL 33853

Title	VC
Name	BLACK, DAVE
Address	140 E PARK AVE
City-State-Zip:	LAKE WALES FL 33853

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: ROY WILKINSON**CHAIRMAN****01/30/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date