

**2021 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            TREASURER  
Name            KIMBROUGH, JOHN  
Address        754 TARTAN LOOP  
City-State-Zip: LAKE WALES FL 33853

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

Title            SECRETARY  
Name            DALY, CHRISTINE  
Address        776 NORTH 9TH STREET  
City-State-Zip: LAKE WALES FL 33853

Title            VC  
Name            JAHNA, ADELL  
Address        234 ACACIA WALK  
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. SCOTT MARKLEY

**CHAIRMAN**

**03/02/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date