

2025 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: Yes

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 CHAIRMAN
Name TINGLEY, CHAD
Address 140 E PARK AVE
City-State-Zip: LAKE WALES FL 33853

Title VC
Name UPDIKE, KEVIN
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: TINGLEY, CHAD

CHAIRMAN

03/19/2025

Electronic Signature of Signing Officer/Director Detail

Date