

**2022 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	SECRETARY
Name	DALY, CHRISTINE
Address	776 NORTH 9TH STREET
City-State-Zip:	LAKE WALES FL 33853

Title	CHAIRMAN
Name	JAHNA, ADELL
Address	234 ACACIA WALK
City-State-Zip:	LAKE WALES FL 33898

Title	VC
Name	WILKINSON, ROY
Address	915 N LAKESHORE BLVD
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:** ADELL JAHNA**CHAIRMAN****03/29/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date