

**2016 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 STORY, VIC  
Address PO BOX 857  
City-State-Zip: BABSON PARK FL 33827

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

Title VC  
Name SCHULZE, TROY  
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:** VIC STORY

**CHAIRMAN**

**03/18/2016**

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

\_\_\_\_\_  
Date