

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N14000003444

Mar 27, 2019

Entity Name: OLD SPRING LAKE COMMUNITY CENTER, INC.

**Secretary of State
3872996947CC**

Current Principal Place of Business:

4184 SPRING LAKE HIGHWAY
BROOKSVILLE, FL 34601

Current Mailing Address:

4184 SPRING LAKE HIGHWAY
BROOKSVILLE, FL 34601

FEI Number: 47-2643668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FELLNER, CHRISTINE
6265 NEFF LAKE RD.
BROOKSVILLE, FL 34601 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 D
Name FELLNER, CHRISTINE
Address 6265 NEFF LAKE RD
City-State-Zip: BROOKSVILLE FL 34601

Title P
Name BIXBY, MICHEAL
Address 22605 JACBSON RD
City-State-Zip: BROOKSVILLE FL FL 34601

Title T
Name FELLNER, STEPHEN J
Address 6265 NEFF LAKE RD
City-State-Zip: BROOKSVILLE FL 34601

Title S
Name NELSON, LINDA
Address 4044 MAJESTIC OAK LANE
City-State-Zip: BROOKSVILLE FL 34602

Title VP
Name NELSON, DON
Address 4044 MAJESTIC OAK LANE
City-State-Zip: BROOKSVILLE FL 34602

Title DIRECTOR
Name MEIER, JAMES
Address 4445 WHITE RD
City-State-Zip: BROOKSVILLE FL 34602

Title D
Name CROPPER, JUDY
Address 3437 MAJESTIC OAK LN
City-State-Zip: BROOKSVILLE FL FL 34602

Title D
Name SHOEMAKER, SANDIE
Address 26945 CROFT LN
City-State-Zip: BROOKSVILLE FL 34602

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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: STEPHEN J FELLNER

TREASURER

03/27/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILLAMS, LOUSIE
Address 4060 MAJESTIC OAK LN
City-State-Zip: BROOKSVILLE FL FL 34602