2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003444

Entity Name: OLD SPRING LAKE COMMUNITY CENTER, INC.

FILED
Mar 02, 2022
Secretary of State
7402232044CC

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, STEPHEN 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: STEPHEN J FELLNER 03/02/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title P Title T

NameBIXBY, MICHAELNameFELLNER, STEPHEN JAddress22605 JACBSON RDAddress6265 NEFF LAKE RDCity-State-Zip:BROOKSVILLE FL FL 34601City-State-Zip:BROKSVILLE FL 34601

Title S Title VP

NameNELSON, LINDANameSHOEMAKER, SANDIEAddress4044 MAJESTIC OAK LANEAddress26945 CROFT LANECity-State-Zip:BROOKSVILLE FL 34602City-State-Zip:BROOKSVILLE FL 34602

Title DIRECTOR Title DIRECTOR

Name CROPPER, JUDY Name VANDERMEADE, KEN

Address 3437 MAJESTIC OAK LANE Address 10259 NOTTINGHAM FOREST DRIVE

City-State-Zip: BROOKSVILLE FL 34602 City-State-Zip: BROOKSVILLE FL FL 34601

Title DIRECTOR Title DIRECTOR

Name HEITFIELD, SHEILA Name WILLAMS, LOUSIE

Address 7047 WINDMERE ROAD Address 4060 MAJESTIC OAK LN

City-State-Zip: BROOKSVILLE FL 34602 City-State-Zip: BROOKSVILLE FL 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 03/02/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name WHITE, MARION

Address 5021 WHITE ROAD

City-State-Zip: BROOKSVILLE FL 34602