

2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N20000011857

Entity Name: ALLEN TEMPLE OF LAKE WALES SOCIAL SERVICES, INC**Current Principal Place of Business:**241 C STREET
LAKE WALES, FL 33853**Current Mailing Address:**310 C STREET
LAKE WALES, FL 33853**FEI Number:** 85-3539871**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EDWARDS, ELLA
310 C STREET
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:** ELLA EDWARDS

06/17/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	EDWARDS, ELLA
Address	310 C STREET
City-State-Zip:	LAKE WALES FL 33853

Title	V
Name	BROWN, STANLEY
Address	500 TERRANOVA CIRCLE
City-State-Zip:	WINTER HAVEN FL 33884

Title	S
Name	BROWN, GWENDOLYN D
Address	500 TERRANOVA CIRCLE
City-State-Zip:	WINTER HAVEN FL 33884

Title	AP
Name	SIMMONS, DORIS
Address	403 E STREET
City-State-Zip:	LAKE WALES FL 33853

Title	T
Name	ROBINSON, CAROLYN
Address	P O BOX 129
City-State-Zip:	WAVERLY FL 33877

Title	AP
Name	MUSSINGTON, ETHYEL
Address	439 PEARL STREET
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: ELLA EDWARDS

P

06/17/2022

Electronic Signature of Signing Officer/Director Detail

Date