

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000011942

**Entity Name:** MOUNTAIN LAKE EDUCATIONAL FOUNDATION,  
INCORPORATED

**FILED**  
**Mar 14, 2023**  
**Secretary of State**  
**5698864672CC**

**Current Principal Place of Business:**

2300 NORTH SCENIC HIGHWAY  
LAKE WALES, FL 33898

**Current Mailing Address:**

2300 NORTH SCENIC HIGHWAY  
LAKE WALES, FL 33898 US

**FEI Number: 87-2787071**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MALMGREN, R. SCOTT  
2300 NORTH SCENIC HIGHWAY  
LAKE WALES, FL 33898 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 HAFFNER, JAMES  
Address 2300 NORTH SCENIC HIGHWAY  
City-State-Zip: LAKE WALES FL 33898

Title D  
Name MALMGREN, R. SCOTT DIRECTOR  
AND TREASURER  
Address 2300 NORTH SCENIC HIGHWAY  
City-State-Zip: LAKE WALES FL 33898

Title D  
Name KALTSAS, CHRISTOPHER  
Address 2300 NORTH SCENIC HIGHWAY  
City-State-Zip: LAKE WALES FL 33898

*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: R. SCOTT MALMGREN**

**DIRECTOR AND  
TREASURER**

**03/14/2023**

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

\_\_\_\_\_  
Date