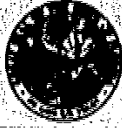


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



APPROVED AND FILED

95 APR 27 AM 11:51

DOCUMENT # N36256 (8)
1. Corporation Name
FROSTPROOF CARE CENTER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
205 N. SCENIC HWY. FROSTPROOF FL 33843-2126 US
205 N. SCENIC HWY. FROSTPROOF FL 33843-2126 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/19/1990 3a. Date of Last Report 02/01/1994
4. FEI Number ~~20-2200560~~ 59-2988744 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
HIGGINBOTTOM, DAVID B.
101 E. WALL STREET
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, MARTHA	1.2 NAME	Kelly Galati
STREET ADDRESS	20 LYNN LAKE	1.3 STREET ADDRESS	895 East B St
CITY - ST - ZIP	FROSTPROOF FL	1.4 CITY - ST - ZIP	Frostproof, FL 33843
TITLE	ED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, RALPH C	2.2 NAME	
STREET ADDRESS	300 W. 6TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FROSTPROOF FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURANT, JOHN	3.2 NAME	
STREET ADDRESS	106 W. F ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FROSTPROOF FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAMMER, DAVID (REV)	4.2 NAME	C
STREET ADDRESS	318 WEST A	4.3 STREET ADDRESS	
CITY - ST - ZIP	FROSTPROOF FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELKINS, GREG REV	5.2 NAME	John Roper
STREET ADDRESS	225 WEST WALL ST	5.3 STREET ADDRESS	23 Sharon St
CITY - ST - ZIP	FROSTPROOF FL	5.4 CITY - ST - ZIP	Frostproof, FL 33843
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Jean Day
STREET ADDRESS		6.3 STREET ADDRESS	225 W Wall St
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Frostproof, FL 33843

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph C Waters* Ralph C Waters 4/17/95 813-635-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Anytime From 8