## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N36256

(8)

FROSTPROOF CARE CENTER, INC.

Principal Plac	e of Business	Mailing Address				I IDBARIO HABE ARAD DIRAT HABEL BARIS	BRIL OKOFI OLEKI OLOH ƏLQIL O	FOR DUCK INDI
FROSTPROOF FL 33843-2126 FF		205 N. SCENIC HWY. FROSTPROOF FL 33843-211 US	FROSTPROOF FL 33843-2119					
US		US				3. Date Incorporated or Qualified 01/19/1990	3a. Date of Last R 01/24/19	
2. Principal P	lace of Business	2a. Mailing Address	<del>                                      </del>			4. FEI Number 59-2988744	<del> </del>	plied For t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	у		8. This corporation has liability for it		
24	25		30			· · · · · · · · · · · · · · · · · · ·	Yes X No	, , , , , , , , , , , , , , , , , , , ,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	pistered Agent	
			81	Name				
HIGGINBOTTOM, DAVID B. 101 E. WALL STREET			82	Street	Addres	ss (P.O. Box Number is Not Acceptab	le)	
FROSTPROOF FL 33843			83	3				
			84	City			FL 85 Zip (	Code
11. Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the Stat	02 and 617.1508, Florida Statutes e of Florida Such change was ac gallons of Section 617.0503, Flor	s, the abov uthorized b	/e-named y the cor	corpor poration	ration submits this statement for the p n's board of directors. I hereby accep	urpose of changing it	s registered registered
	Signature types or printed name of registered at					when reinslating)	DATE	
12.	OFFICERS AI	ND DIRECTORS	13.	,		ADDITIONS/CHANGES TO OFFIC		IS IN 12
TITLE	784	DELETE	1.1 TITLE		1	, .,	Change	Addition
NAME	GALATI, KELLY		1.2 NAME					
STREET ADDRESS	335 EAST B. STREET		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	FROSTPROOF FL		1.4 CITY-	ST-ZIP				
TITLE	ED	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	WATERS,, RALPH C		2.2 NAME		1			
STREET ADDRESS	300 W. 6TH ST.		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	FROSTPROOF FL		2. 4 CITY	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		D		☐ Change	
NAME	SMITH, BARBARA		3.2 NAME					
STREET ADDRESS	124 MAXCY LANE		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	FROSTPROOF FL	The second	3.4. CITY-	ST-ZIP	<del> </del>		——————————————————————————————————————	F-1.1300
TITLE	D TOBBUTO DAVAD (DEVA	☐ DELETE	4.1 TITLE	_			Change	Addition
NAME	TRIMMIER, DAVID (REV)		4. 2 NAME					
STREET ADDRESS	318 WEST A			T ADDRESS				
CITY-ST-ZIP	FROSTPROOF FL	DELETE	4.4 CITY -	ST-ZIP	7		☐ Change	Addition
TITLE	ROPER, JOHN	C OFFICIA	5.1 TITLE 5.2 NAME		D		☐ Criange	rauniuri
NAME	23 SHARON ST.		1	T ADDRESS				
STREET ADDRESS	FROSTPROOF FL		1					
CiTY-ST-ZIP TITLE	.D	DELETE	5.4 CITY - 6.1 TITLE	31-ZIF	<del> </del>		Change	Addition
NAME	DAY, JEAN COAMIZ	Tick	6.2 NAME		V'.	nnie Tick	End Sharge	Mary Material
STREET ADDRESS	225 W. WALL ST.			T ADDRESS	201	nnie Tucker Turkey Oak Tr		
CITY-ST-ZIP	FROSTPROOF FL		6.4 CITY-	ST-71P	17.	estamof FL 33843	•	
14. I do here	by certify that the information suppli	ed with this filing does not qualify	y for the ex	emption :	stated i	n Section 119.07(3)(i), Florida Statute	s. I further certify that	the
information I am an c	on indicated on this annual report or	supplemental annual report is true to the receiver or trustee empower or trustee empower.	ue and acc ered to exe	curate and	d that n	ny signature shall have the same lega as required by Chapter 617, Florida S	l effect as if made un	der oath; that
· · ·		7 N. A. A. way so may		B-45 -		1 1		

SIGNATURE: SIGNATURE SIGNATURE AND YEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR