


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

**FILED**  
**Jan 28 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



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

3. Date Incorporated or Qualified  
**01/19/1990**

4. FEI Number <b>59-2988744</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business 21 South Scenic Hwy Suite, Apt. #, etc.	2a. Mailing Address 21 South Scenic Hwy Suite, Apt. #, etc.
23 City & State Frostproof, FL	28 City & State Frostproof, FL
24 Zip 33843	25 Country FL
29 Zip 33843	30 Country FL

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GALATI, KELLY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	335 EAST B. STREET	1.2 NAME	
STREET ADDRESS	FROSTPROOF FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ED WATERS., RALPH C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 W. 6TH ST.	2.2 NAME	
STREET ADDRESS	FROSTPROOF FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SMITH, BARBARA	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	124 MAXCY LANE	3.2 NAME	
STREET ADDRESS	FROSTPROOF FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D TRIMMIER, DAVID (REV)	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	318 WEST A	4.2 NAME	
STREET ADDRESS	FROSTPROOF FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D ROPER, JOHN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23 SHARON ST.	5.2 NAME	
STREET ADDRESS	FROSTPROOF FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T TUCKER, CONNIE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	241 TURKEYOAK TR	6.2 NAME	
STREET ADDRESS	FROSTPROOF FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 1/13/98 941-635-5555

CR2E037 (10/97)