NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N36256

1. Corporation Name

FROSTPROOF CARE CENTER, INC.

Principal	Place	of I	Busin	ess

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90053 041 ****61.25

	e of Business	Mailing Address						
21 SOURCE SO		21 SOURS SCENIC HWY FROSTPROOF FL 33843						
US		US					} 	
2. Principal P	ace of Business	2a. Mailing Address	<u>~ .</u>		3. Date Incorporated	or Qualifed		
12L	S. Scenic Hwy	/ 26 2 5.	<u>Sceni</u>	c Hw	y 01/19/1990	·		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	-		olied For
2	A CONTRACTOR OF THE CONTRACTOR	27			59-2988744		\$8.75 A	Applicable
City & State	e	City & State			5. Certifcate of Status	s Desired 🔲	Fee Re	
3	0	28	Coun	le.	0.51 11 0	Fire		
Zip	Country	⊢ , '	30	uy	6. Election Campaigr Trust Fund Contrib	- }	\$5.00 to Added to	
4 }	9. Name and Address of Current	29	[30]	_	10. Name and Addre			
	5. Name and Address of Current	f vadizinan våenr		Name	The state of the s			
			L					
	OTTOM, DAVID B.		l'	32 Street	Address (P.O. Box Number is	Not Acceptable)		
	ALL STREET		- h	33				
FROSTPH	100F FL 33843		L					
			[34 City		FI	85 Zip C	Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statut	tes, the ab	ove-named	corporation submits this state	ment for the purpose of sereby accept the appo	if changing its i pintment as rec	registered sistered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	authorized	nv the corp	corporation submits this state oration's board of directors. I h	ment for the purpose on hereby accept the appo	of changing its interest in the changing in the changing its interest in t	registered gistered
office or n agent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 617.0503, Flo	authorized orida Statul	by the corp es.	oration's board of directors. I r	ereby accept the appo	of changing its interest as reg	registered pistered
office or n agent. I a SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered egen	of Florida. Such change was a tions of, Section 617.0503, Floridand title if applicable. (NOTI	authorized orida Statul E: Registered A	by the corp es.	oration's board of directors. I r	DATE	omunent as reg	jistered
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office or ragent. I a SIGNATURE 2. ITLE AME TREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN D GALATI, KELLY 335 EAST B. STREET	of Florida. Such change was a tions of, Section 617.0503, Florida it and title if applicable. (NOTI	E: Registered A 1.1 TITL 1.2 NAA 1.3 STR	gent signature E E E E E E E E E E E E E	oration's board of directors. I r	DATE	ND DIRECTO	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE MAME STREET ADDRESS STY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN D GALATI, KELLY 335 EAST B. STREET FROSTPROOF FL	of Florida. Such change was a tions of, Section 617.0503, Fich than title if applicable. (NOTI ID DIRECTORS	E: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	gent signature E IE EET ADDRESS (-ST-ZIP	oration's board of directors. I r	DATE	ND DIRECTO	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE WAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN D GALATI, KELLY 335 EAST B. STREET FROSTPROOF FL	of Florida. Such change was a tions of, Section 617.0503, Florida it and title if applicable. (NOTI	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITL 2.1 TITL	gent signature E E E E E E E E T T T T T	oration's board of directors. I r	DATE	ND DIRECTO ☐ Change	jistered
office or ragent. I a gent. I a gent	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AN D GALATI, KELLY 335 EAST B. STREET FROSTPROOF FL ED WATERS,, RALPH C	of Florida. Such change was a tions of, Section 617.0503, Fich than title if applicable. (NOTI ID DIRECTORS	E: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIFT 2.1 TITL 2.2 NAA	gent signature E E E E E E E T A T T T T T T T T T T T	oration's board of directors. I r	DATE	ND DIRECTO ☐ Change	RS IN 12
office or ragent. I a SIGNATURE 2. III.E AME TREET ADDRESS TITLE AME TREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agents of FICERS AN D GALATI, KELLY 335 EAST B. STREET FROSTPROOF FL ED WATERS,, RALPH C 300 W. 6TH ST.	of Florida. Such change was a tions of, Section 617.0503, Fich than title if applicable. (NOTI ID DIRECTORS	E: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR	gent signature E E E E E T T T T T T T T	oration's board of directors. I r	DATE	ND DIRECTO ☐ Change	RS IN 12
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FROSTPROOF FL 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, with all other like empowered.

6.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

318 WEST A

ROPER, JOHN

23 SHARON ST.

FROSTPROOF FL

TUCKER, CONNIE

241 TURKEYOAK TR

FROSTPROOF FL

DELETE

DELETE

Waters

Lake Wales,

FL33853

2540 Lake Arbuckle Rd

a41-635-5555

Change

Change

Addition

Addition