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Feb 24, 1999 8:00 am
Secretary of State

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36256

1. Corporation Name
FROSTPROOF CARE CENTER, INC.

Principal Place of Business 21 SPAIN SCENIC HWY FROSTPROOF FL 33843 US	Mailing Address 21 SPAIN SCENIC HWY FROSTPROOF FL 33843 US
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DEPARTMENT OF STATE



2. Principal Place of Business 21 21 S. Scenic Hwy	2a. Mailing Address 26 21 S. Scenic Hwy	3. Date Incorporated or Qualified 01/19/1990
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2988744
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	GALATI, KELLY	
STREET ADDRESS	335 EAST B. STREET	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	WATERS,, RALPH C	
STREET ADDRESS	300 W. 6TH ST.	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SMITH, BARBARA	
STREET ADDRESS	124 MAXCY LANE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRIMMIE, DAVID (REV)	
STREET ADDRESS	318 WEST A	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROPER, JOHN	
STREET ADDRESS	23 SHARON ST.	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, CONNIE	
STREET ADDRESS	241 TURKEYOAK TR	
CITY-ST-ZIP	FROSTPROOF FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joan Hanley (Dr.)
4.3 STREET ADDRESS	2540 Lake Arbuckle Rd
4.4 CITY-ST-ZIP	Frostproof, FL 33843
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sherry Gaffney
5.3 STREET ADDRESS	511 Fir St.
5.4 CITY-ST-ZIP	Frostproof, FL 33843
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	David Bridgeman
6.3 STREET ADDRESS	236 Pierce St.
6.4 CITY-ST-ZIP	Lake Wales, FL 33853

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.

SIGNATURE:  **Ralph C Waters** 1/8/99 941-635-5555

CR2E037 (1/198)