

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N36256

Entity Name: FROSTPROOF CARE CENTER, INC.

Current Principal Place of Business:

21 SOUTH SCENIC HWY
FROSTPROOF, FL 33843 US

New Principal Place of Business:

Current Mailing Address:

21 SOUTH SCENIC HWY
FROSTPROOF, FL 33843 US

New Mailing Address:

FEI Number: 59-2988744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINBOTTOM, DAVID B.
101 E. WALL STREET
FROSTPROOF, FL 33843 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HURST, STEWART
Address: 335 HWY 17 S
City-St-Zip: BABSON PARK, FL 33827

Title: ED () Delete
Name: WATERS,, RALPH C
Address: 300 W. 6TH ST.
City-St-Zip: FROSTPROOF, FL

Title: D () Delete
Name: BACKUS, LOIS
Address: 33 WEST F ST
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: OGBURN, TERRY
Address: 903 OLD AYON PK RD
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: GAFFNEY, SHERRY
Address: 511 FIRST STREET
City-St-Zip: FROSTPROOF, FL 33843

Title: T () Delete
Name: DAWES, ORVILE
Address: 385 OVERROCKER CIR
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH C WATERS

ED

04/30/2004

Electronic Signature of Signing Officer or Director

Date