

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 01, 2006  
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: D ( ) 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: S ( ) Delete  
Name: BACKUS, LOIS  
Address: 33 WEST F ST  
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete  
Name: MOUERY, JOHN REV.  
Address: 4050 GLEN. ST. MARY RD.  
City-St-Zip: LAKE WALES, FL 33898

Title: C ( ) Delete  
Name: MATTOX, ELVA  
Address: 13 FT. CLINCH HGTS  
City-St-Zip: FROSTPROOF, FL 33843

Title: T ( ) Delete  
Name: TRIMMIER, DAVID REV.  
Address: 318 WEST A ST.  
City-St-Zip: FROSTPROOF, FL 33843

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: O'HARA, BOB  
Address: 1202 PINE AVE  
City-St-Zip: FROSTPROOF, FL 33843

Title: ED (X) Change ( ) Addition  
Name: WATERS,, RALPH C  
Address: 300 W. 6TH ST.  
City-St-Zip: FROSTPROOF, FL 33843

Title: S (X) Change ( ) Addition  
Name: SIKES, MARJORIE  
Address: 197 MOUNTAIN LAKE CUTT OFF RD  
City-St-Zip: LAKEWALES, FL 33853

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

Title: C (X) Change ( ) Addition  
Name: FELT, APRIL  
Address: 396 MULLINSVILLE RD  
City-St-Zip: FROSTPROOF, FL 33843

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 Chapter 119, 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

03/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date