

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36256

FILED
Feb 15, 2007
Secretary of State

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:

WATERS, RALPH C.
21 SOUTH SCENIC HWY
FROSTPROOF, FL 33843 US

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: RALPH C. WATERS 02/15/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: C () Delete
Name: FELT, APRIL
Address: 396 MULLINSVILLE RD
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: T (X) Change () Addition
Name: O'HARA, BOB
Address: 10 SCENIC HWY
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: D (X) Change () Addition
Name: HURST, STEWART
Address: 335 HWY 17 SOUTH
City-St-Zip: BABSON PARK, FL 33828

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 02/15/2007
Electronic Signature of Signing Officer or Director Date