## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36256

NUAL REPORT FILED Feb 26, 2009 Secretary of State

Entity Name: FROSTPROOF CARE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

21 SOUTH SCENIC HWY 17 SOUTH SCENIC HWY

FROSTPROOF, FL 33843 US FROSTPROOF, FL 33843 US

Current Mailing Address: New Mailing Address:

21 SOUTH SCENIC HWY FROSTPROOF, FL 33843 US 17 SOUTH SCENIC HWY FROSTPROOF, FL 33843 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WATERS, RALPH C.
21 SOUTH SCENIC HWY
FROSTPROOF, FL 33843 US
WATERS, RALPH C.
17 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: 02/26/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 O'HARA, BOB
 Name:
 HURST, STEWART

 Address:
 10 SCENIC HWY
 Address:
 335 HWY 17 SOUTH

 City-St-Zip:
 FROSTPROOF, FL 33843
 City-St-Zip:
 BABSON PARK, FL 33828

Title: ED ( ) Delete Title: ED (X) Change ( ) Addition

 Name:
 WATERS, RALPH C
 Name:
 WATERS, RALPH C

 Address:
 300 W. 6TH ST.
 Address:
 335 WEST F STREET

 City-St-Zip:
 FROSTPROOF, FL 33843
 City-St-Zip:
 FROSTPROOF, FL 33843

Title: S () Delete Title: () Change () Addition

Name: SIKES, MARJORIE Name:

Address: 197 MOUNTAIN LAKE CUTT OFF RD Address: City-St-Zip: LAKEWALES, FL 33853 City-St-Zip:

Title: VC ( ) Delete Title: VC (X) Change ( ) Addition Name: THOMPSON, SCOTT REV. Name: ANDERSON, MOSES REV.

Address: 237 S LAKESHORE DRIVE Address: 2326 ROXBURY ROAD
City-St-Zip: LAKE WALES, FL 33859 City-St-Zip: AVON PARK, FL 33825

Title: C ( ) Delete Title: C (X) Change ( ) Addition
Name: FELT, APRIL Name: THOMPSON, SCOTT REV

 Name:
 FELT, APRIL
 Name:
 THOMPSON, SCOTT REV

 Address:
 396 MULLINSVILLE RD
 Address:
 237 S LAKESHORE DRIVE

 City-St-Zip:
 FROSTPROOF, FL 33843
 City-St-Zip:
 LAKE WALES, FL 33859

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HURST, STEWART
 Name:
 HOOD, DARROL REV

 Address:
 335 HWY 17 SOUTH
 Address:
 306 SUNSET ROAD

 City-St-Zip:
 BABSON PARK, FL 33828
 City-St-Zip:
 FROSTPROOF, FL 33843

I hereby certify that the information supplied with this filing does not qualify 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 02/26/2009