

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36256

FILED  
Jan 20, 2011  
Secretary of State

**Entity Name:** FROSTPROOF CARE CENTER, INC.

**Current Principal Place of Business:**

17 SOUTH SCENIC HWY  
FROSTPROOF, FL 33843 US

**New Principal Place of Business:**

**Current Mailing Address:**

17 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:**

WATERS, RALPH C.  
17 SOUTH SCENIC HWY  
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: T  
Name: HURST, STEWART  
Address: 335 HWY 17 SOUTH  
City-St-Zip: BABSON PARK, FL 33828

Title: ED  
Name: WATERS, RALPH C  
Address: 335 WEST F STREET  
City-St-Zip: FROSTPROOF, FL 33843

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

Title: VC  
Name: ANDERSON, MOSES REV.  
Address: 2326 ROXBURY ROAD  
City-St-Zip: AVON PARK, FL 33825

Title: C  
Name: THOMPSON, SCOTT REV  
Address: 237 S LAKESHORE DRIVE  
City-St-Zip: LAKE WALES, FL 33859

Title: D  
Name: HOOD, DARROL REV  
Address: 306 SUNSET ROAD  
City-St-Zip: FROSTPROOF, FL 33843

I hereby 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 all other like empowered.

SIGNATURE: RALPH C. WATERS

ED

01/20/2011

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

\_\_\_\_\_  
Date