

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36256

FILED
Feb 15, 2012
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: WILSON, MARY RUTH
Address: 200 AIRPORT ROAD
City-St-Zip: FROSTPROOF, FL 33843

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

Title: VC
Name: CROLEY, T. R
Address: 342 WEST B STREET
City-St-Zip: FROSTPROOF, FL 33843

Title: D
Name: MCGILL, PATTI
Address: 1017 TOWER BLVD
City-St-Zip: LAKE WALES, FL 33853

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

02/15/2012

Electronic Signature of Signing Officer or Director

Date