

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36256

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

**Current Principal Place of Business:**

17 SOUTH SCENIC HWY  
FROSTPROOF, FL 33843

**Current Mailing Address:**

17 SOUTH SCENIC HWY  
FROSTPROOF, FL 33843 US

**FEI Number:** 59-2988744

**Certificate of Status Desired:** Yes

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

SITEK, CHRISTIE  
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:** CHRISTIE SITEK

03/30/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name SITEK, CHRISTIE A  
Address 5336 TWIN LAKES LANE  
City-State-Zip: BARTOW FL 33830

Title TREASURER  
Name WILSON, MARY RUTH  
Address 200 AIRPORT ROAD  
City-State-Zip: FROSTPROOF FL 33843

Title CHAIRMAN  
Name WILLIAMS, RILEY  
Address 1877 N SCENIC HIGHWAY  
City-State-Zip: FROSTPROOF FL 33843

Title SECRETARY  
Name SMITH, BRIAN  
Address 225 WEST WALL STREET  
City-State-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:** CHRISTIE SITEK

**EXECUTIVE DIRECTOR**

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date