

2014 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: No

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name HILL, ERIC
Address 12 BLUE JORDAN ROAD
City-State-Zip: FROSTPROOF FL 33843

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

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

Title VC
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: RALPH C. WATERSD

EXECUTIVE DIRECTOR

03/05/2014

Electronic Signature of Signing Officer/Director Detail

Date