

2019 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:

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

02/06/2019

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 THORNTON, CHUCK
Address 54 DEAR ROAD
City-State-Zip: FROSTPROOF FL 33843

Title CHAIRMAN
Name ESSIGMANN, JOHN
Address 502 W 9TH STREET
City-State-Zip: FROSTPROOF FL 33843

Title VC
Name NEHER, MARTHA
Address 108 CHESNEY BLVD
City-State-Zip: FROSTPROOF FL 33843

Title ASST. SECRETARY
Name DAVIS, MELODIE
Address 14 FT CLINCH HEIGHTS ROAD
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

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date