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Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000087874 (1)

1. Corporation Name  
FROSTPROOF COMMUNITY DEVELOPMENT, INC.

Principal Place of Business  
2 E WALL ST  
FROSTPROOF FL 33843

Mailing Address  
2 E WALL ST  
FROSTPROOF FL 33843-2127



3. Date Incorporated or Qualified  
12/05/1994

3a. Date of Last Report  
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-3282819

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIDGEMAN, DAVID L  
2 E WALL ST  
FROSTPROOF FL 33843

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME BRIDGEMAN, DAVID L  
STREET ADDRESS 2 E WALL ST  
CITY-ST-ZIP FROSTPROOF FL 33843

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WILLIAMS, J. DON  
STREET ADDRESS 14 W WALL ST  
CITY-ST-ZIP FROSTPROOF FL 33843

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HOOD, ROGER A  
STREET ADDRESS 11 PALM AVE N  
CITY-ST-ZIP FROSTPROOF FL 33843

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DAVIS, EARLY N JR  
STREET ADDRESS 1430 CROOKED LAKE DR N  
CITY-ST-ZIP BABSON PARK FL 33827

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DS ☐ DELETE  
NAME MCDONALD, WILLIAM R  
STREET ADDRESS 1893 N LAKE REEDY BLVD  
CITY-ST-ZIP FROSTPROOF FL 33843

5.1 TITLE DVS ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☒ DELETE  
NAME TUCKER, CONNIE  
STREET ADDRESS 2 E WALL ST  
CITY-ST-ZIP FROSTPROOF FL 33843

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME DOUGHTY, CINDY L.  
6.3 STREET ADDRESS 2 E WALL ST  
6.4 CITY-ST-ZIP FROSTPROOF FL 33843

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. McDonald, DVS 2/14/97

(941)635-2244

Date

Daytime Phone #

CR2E034 (9/96)