

2005, NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000002966

1. Entity Name
FLORIDA REGION, H.C.C.A., INC.



Principal Place of Business

2950 TISHMAN RD
PALM BAY, FL 32909

Mailing Address

C/O FRANK M. PAGE
2950 TISHMAN ROAD
PALM BAY, FL 32909



01252005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0097040

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAGE, FRANK M
2950 TISHMAN ROAD
PALM BAY, FL 32909

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASE, DANIEL
STREET ADDRESS	664 MANOR PLACE
CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	S
NAME	CASE, MARGARET
STREET ADDRESS	664 MANOR PLACE
CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	T
NAME	PAGE, FRANK M
STREET ADDRESS	2950 TISHMAN ROAD
CITY-ST-ZIP	PALM BAY, FL 32909 y
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank M. Page
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 JAN 05

Date

Daytime Phone #