


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90043 049 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 8539 TROUT AVE.		3. Mailing Address C/O FRANK M. PAGE Suite, Apt. #, etc. 8539 TROUT AVE.			
Suite, Apt. #, etc. 		City & State PALM BAY, FL		City & State PALM BAY, FL	
Zip 32909		Country BEYOND		Zip 32909	
Country BEYOND		4. FEI Number 20-0097040			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAGE, FRANK M 2950 TISHMAN ROAD PALM BAY, FL 32909			7. Name and Address of New Registered Agent Name FRANK M. PAGE Street Address (P.O. Box Number is Not Acceptable) 8539 TROUT AVE. City PALM BAY FL Zip Code 32909		
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 <u><i>Frank M. Page</i></u> DATE 25 JAN 2007 <small>Signature, typed or printed name of registered agent and blank applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASE, DANIEL		NAME	GORDON LANGENEGER	
STREET ADDRESS	664 MANOR PLACE		STREET ADDRESS	4955 HUBNER CIRCLE	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904		CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASE, MARGARET		NAME	LINDA LANGENEGER	
STREET ADDRESS	664 MANOR PLACE		STREET ADDRESS	4955 HUBNER CIRCLE	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904		CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, FRANK M		NAME		
STREET ADDRESS	2950 TISHMAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32909 y		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Frank M. Page</i></u>			FRANK M. PAGE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		