

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90032 035 \*\*\*\*61.25

**DOCUMENT # N03000002966**

1. Entity Name

FLORIDA REGION, H.C.C.A., INC.



Principal Place of Business

8539 TROUT AVE.  
PALM BAY, FL 32909

Mailing Address

C/O FRANK M. PAGE  
8539 TROUT AVE.  
PALM BAY, FL 32909

40015340



01212008 No Chg-NP

CR2E037 (4/06)

**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  
8539 TROUT AVE.  
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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LANGENEGER, GORDON  
STREET ADDRESS 4955 HUBNER CR  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE S  
NAME LANGENEGER, LINDA  
STREET ADDRESS 4955 HUBNER CR  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE T  
NAME PAGE, FRANK M  
STREET ADDRESS ~~2050 TISHMAN ROAD~~ 8539 TROUT AVE.  
CITY-ST-ZIP PALM BAY, FL 32909

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*FM Page*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Jan 08

Date

Daytime Phone #