

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010719

FILED
Apr 22, 2011
Secretary of State

Entity Name: AREA 3 PROVIDERS ASSOCIATION INC.

Current Principal Place of Business:

219 NW 10TH AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

219 NW 10TH AVENUE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, JIMMIE
219 NW 10TH AVENUE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HARDEN, KENNETH
Address: 219 NW 10TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: VP
Name: DANIELS, JIMMIE
Address: 219 NW 10TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: TREA
Name: HERRING, THOMAS
Address: 219 NW 10TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: SEC
Name: SINGLETON, ROSA
Address: 219 NW 10TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: PARL
Name: HERRING, YVONNE
Address: 219 NW 10TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: PARL
Name: DANIELS, JOYCE
Address: 219 NW 10TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

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: THOMAS L HERRING

OFFI

04/22/2011

Electronic Signature of Signing Officer or Director

Date