

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003938

FILED
Jan 03, 2006
Secretary of State

Entity Name: FIPA REGION #3, INC.

Current Principal Place of Business:

5024 NW 27TH CT.
SUITE A
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

5024 NW 27TH CT.
SUITE A
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3199460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFFMAN, KIMBERLY
5024 NW 27TH CT.
SUITE A
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

KAUFFMAN, KIMBERLY
5024 NW 27TH CT.
SUITE A
GAINESVILLE, FL 32606 US

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:

01/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAUTHEN, JOSEPH C.
Address: 6510 N.W. 9TH BLVD., SUITE 1
City-St-Zip: GAINESVILLE, FL 32605

Title: P () Delete
Name: HILDNER, JOSEPH MD
Address: 5051 SE 110 ST BELLEVIEW PL
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: SANDERS D.O., ELIZABETH
Address: 6440 NW NEWBERRY RD S-111
City-St-Zip: GAINESVILLE, FL 32605

Title: DV () Delete
Name: ASHLEY, ROBERT G.
Address: 6800 N.W. 9TH BLVD., SUITE 4
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: BENTON, TOM
Address: 5612 N.W. 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: DOYLE MD, WILLIAM
Address: 4131 NW 13 STREET S-101
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY KAUFFMAN

RA

01/03/2006

Electronic Signature of Signing Officer or Director

Date