

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003938

FILED  
Jan 12, 2009  
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 32606 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: 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: D (X) Change ( ) Addition  
Name: SANDERS D.O., ELIZABETH  
Address: 3780 NW 83RD STREET  
City-St-Zip: GAINESVILLE, FL 32606

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 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: JOSEPH HILDNER

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date