

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004530 (2)

1. Corporation Name

DISTRICT 3 COMMUNITY HEALTH PURCHASING ALLIANCE,  
INC.



Principal Place of Business

Mailing Address

7328 W. UNIVERSITY AVE.  
SUITE H  
GAINESVILLE FL 32607  
US

P.O. BOX 1222  
325 JOHN KNOX RD., SUITE 301, THE ATRIUM  
GAINESVILLE FL 32602  
US

3. Date Incorporated or Qualified  
10/05/1993

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3214574

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEETON, CONSTANCE  
7328 W. UNIVERSITY AVE.  
SUITE H  
GAINESVILLE FL 32607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and filed application

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME BEECHLER, CHRIS  
STREET ADDRESS 350 NW 39TH AVE.  
CITY-ST-ZIP GAINESVILLE FL

TITLE SD ☐ DELETE  
NAME BECKLER, ED  
STREET ADDRESS 1910 REID STREET  
CITY-ST-ZIP PALATKA FL

TITLE TD ☐ DELETE  
NAME DUKES, JOHN I  
STREET ADDRESS 2259 NW 16TH AVE.  
CITY-ST-ZIP GAINESVILLE FL

TITLE VD ☐ DELETE  
NAME LOGAN, RAYMOND A  
STREET ADDRESS RT 13 BOX 749 (US 90)  
CITY-ST-ZIP LAKE CITY FL

TITLE D ☒ DELETE  
NAME WILLIAMSON, SAMUEL A  
STREET ADDRESS 2511 NW 41ST STREET  
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ DELETE  
NAME CRIPPEN, JEFF P  
STREET ADDRESS 40 SE 11TH AVE  
CITY-ST-ZIP Ocala FL 34471

13.

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

VD

☒ Change ☐ Addition

SD

☒ Change ☐ Addition

TD  
John Dukes, III

☒ Change ☐ Addition

CD

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

m.m.

# Rep by Bank

3-29-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)