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Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT

1997

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

DOCUMENT # N93000004890 (0)

1. Corporation Name

FIPA REGION #4, INC.



Principal Place of Business

Mailing Address

515 LOMAX ST.  
JACKSONVILLE FL 32204515 LOMAX ST.  
JACKSONVILLE FL 32204-41153. Date Incorporated or Qualified  
11/01/19933a. Date of Last Report  
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3209970

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERT, PHILIP H  
515 LOMAX ST.  
JACKSONVILLE FL 32204

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME GILMOUR, KAY E  
STREET ADDRESS 3550 UNIVERSITY BLVD. SOUTH, #302  
CITY-ST-ZIP JACKSONVILLE FL 322161.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME JUAN B. LARROUDE  
1.3 STREET ADDRESS 3100 US 1 SOUTH  
1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086TITLE D ☐ DELETE  
NAME DINICOLA, ROBERTO  
STREET ADDRESS 785 W. GRANADA BLVD.  
CITY-ST-ZIP ORMOND BEACH FL 321742.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME HARDGROVE, NORRIS S.  
STREET ADDRESS 400 HEALTH PARK BLVD., #326  
CITY-ST-ZIP ST. AUGUSTINE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME EUGENE, GLENN J.  
STREET ADDRESS 1820 BARRS ST., #358  
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME CHASKA, BENJAMIN W  
STREET ADDRESS 4500 SAN PABLO RD.  
CITY-ST-ZIP JACKSONVILLE FL 322245.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME WOODARD, GERALD R.  
STREET ADDRESS 3512 S. ATLANTIC AVE.  
CITY-ST-ZIP DAYTONA BEACH SHORES FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

KAY E. GILMOUR, MD  
President 2/27/97

Date

904-355-6789  
Daytime Phone 0004508

CR2E037 (9/96)