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FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N 9300000 4890**

1. Corporation Name

FIPA Region #4, INC.

Principal Place of Business Mailing Address

8131
4224 Baymeadows Circle West
Suite 200
Jacksonville FL 32256

3. Date Incorporated or Qualified

11-01-1993

4. FEI Number

59-3209970

Applied For

Not Applicable

2. Principal Place of Business

25. Mailing Address

21 8131 Baymeadows Cir W

26 4224 Baymeadows Cir W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City & State

City & State

23 Jax, FL

28 Jacksonville FL

Zip Country

Zip Country

24 32256

29 32256

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

8131 Gilbert, Philip H
4224 Baymeadows Circle West
Suite 200
Jacksonville FL 32256

81 Name

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

8131 Baymeadows Cir W

Suite 200

84 City

Jacksonville, FL

85 Zip Code

32256

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

TITLE **D** ☐ DELETE ☒ Add
NAME **Gilmour, Kay E**
STREET ADDRESS **3550 University BLVD SOUTH, #302**
CITY-ST-ZIP **Jacksonville FL 32216**

TITLE **D** ☐ DELETE ☒ Add
NAME **Dinicola, Roberto**
STREET ADDRESS **785 W Granada BLVD**
CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE **D** ☐ DELETE ☒ Add
NAME **Chaska, Benjamin W**
STREET ADDRESS **4500 San Pablo Road**
CITY-ST-ZIP **Jacksonville FL 3224**

TITLE **D** ☐ DELETE ☒ Add
NAME **Glenn, J. Eugene**
STREET ADDRESS **1820 Barrs Street, Su 358**
CITY-ST-ZIP **Jacksonville FL 32204**

TITLE **D** ☐ DELETE ☒ Add
NAME **Woodard, Gerald R**
STREET ADDRESS **3512 S Atlantic Avenue**
CITY-ST-ZIP **Daytona Beach Shores FL 32127**

TITLE **D** ☐ DELETE ☒ Add
NAME **Titone, Charles W**
STREET ADDRESS **1050 W Granada BLVD, #2**
CITY-ST-ZIP **Ormond Beach FL 32174**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002529546
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*****\$61.25**

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)