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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004605

1. Corporation Name
FIPA DISTRICT #9, INC.

Principal Place of Business 408 W UNIVERSITY AVE SUITE 108 GAINESVILLE FL 32601	Mailing Address 408 W UNIVERSITY AVE SUITE 108 GAINESVILLE FL 32601
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2. Principal Place of Business 21 6510 NW 9th Blvd. Suite, Apt. #, etc. 22 3 City & State 23 Gainesville FL	2a. Mailing Address 26 6510 NW 9th Blvd. Suite, Apt. #, etc. 27 3 City & State 28 Gainesville	3. Date Incorporated or Qualified 09/27/1995	4. FEI Number 59-3369972 Applied For <input type="checkbox"/> Not Applicable
24 32605 25 USA	29 32605 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HARRIS, FRED D JR
101 EAST COLLEGE AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CAUTHENS, JOSEPH C
STREET ADDRESS	6510 NW BLVD STE 1
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D <input type="checkbox"/> DELETE
NAME	TOMASELLO, PETER A
STREET ADDRESS	201 NW 82 AVE STE 405
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	D <input type="checkbox"/> DELETE
NAME	GOLDBERG, ROBERT I
STREET ADDRESS	4300 ALTON ROAD
CITY-ST-ZIP	MIAMI FL 33140
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE *[Signature]* **SIGNATURE REQUIRED** **2/22/99** **352 331**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)