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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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



2. Principal Place of Business

21 **6510 NW 9th Blvd.**

Suite, Apt. #, etc.

22 **3**

City & State

23 **Gainesville FL**

Zip

24 **32605**

Country

25 **USA**

2a. Mailing Address

26 **6510 NW 9th Blvd.**

Suite, Apt. #, etc.

27 **3**

City & State

28 **Gainesville**

Zip

29 **32605**

Country

30 **USA**

3. Date Incorporated or Qualified

09/27/1995

4. FEI Number

59-3369972

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

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

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 ☐ DELETE

TITLE **D**
NAME **CAUTHENS, JOSEPH C**
STREET ADDRESS **6510 NW BLVD STE 1**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D**
NAME **TOMASELLO, PETER A**
STREET ADDRESS **201 NW 82 AVE STE 405**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D**
NAME **GOLDBERG, ROBERT I**
STREET ADDRESS **4300 ALTON ROAD**
CITY-ST-ZIP **MIAMI FL 33140**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)