

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008218

**Entity Name:** AREA 3 FOUNDATION, INC.

**Current Principal Place of Business:**

13046 RACETRACK ROAD  
SUITE 163  
TAMPA, FL 33626

**FILED**  
**Jan 22, 2023**  
**Secretary of State**  
**1256443768CC**

**Current Mailing Address:**

13046 RACETRACK ROAD  
SUITE 163  
TAMPA, FL 33626 US

**FEI Number: 45-4675599**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LINN, KATHRYN  
561 FIELDCREST DRIVE  
THE VILLAGES, FL 32162 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name MCNIFF, PIL  
Address 13046 RACETRACK ROAD  
SUITE 163  
City-State-Zip: TAMPA FL 33626

Title DIRECTOR  
Name GLASSMAN, JODY  
Address 13046 RACETRACK ROAD  
SUITE 163  
City-State-Zip: TAMPA FL 33626

Title VP  
Name STARK, HELEN MARGARET  
Address 13046 RACETRACK ROAD  
SUITE 163  
City-State-Zip: TAMPA FL 33626

Title PRESIDENT  
Name HILDENBRAND, PAUL  
Address 13046 RACETRACK ROAD  
SUITE 163  
City-State-Zip: TAMPA FL 33626

Title SECRETARY  
Name RUSK, TOMA  
Address 13046 RACETRACK ROAD  
SUITE 163  
City-State-Zip: TAMPA FL 33626

Title DIRECTOR  
Name ABEL, ANDREA  
Address 13046 RACETRACK ROAD  
SUITE 163  
City-State-Zip: TAMPA FL 33626

Title DIRECTOR  
Name COCHRAN, DARREN  
Address 13046 RACETRACK ROAD  
SUITE 163  
City-State-Zip: TAMPA FL 33626

Title DIRECTOR  
Name STRAWBRIDGE, PATRICK  
Address 13046 RACE TRACK RD  
SUITE 163  
City-State-Zip: TAMPA FL 33626

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TOMA S RUSK**

**SECRETARY**

**01/22/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date