


3-26-98 B-3813 C  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N11222 (9)**  
 1. Corporation Name  
**GULF COAST ASSOCIATION OF GOVERNMENTAL PURCHASING OFFICERS, INC.**



|  |         |  |         |
|--|---------|--|---------|
| Principal Place of Business  |         | Mailing Address  |         |
| C/O CHERI J. ALEXANDER, CPPB<br>2440 THOMPSON STREET<br>FT MYERS FL 33901-3070 |         | C/O CHERI J. ALEXANDER, CPPB<br>2440 THOMPSON STREET<br>FT MYERS FL 33901-3070 |         |
| 2. Principal Place of Business   |         | 2a. Mailing Address  |         |
| 21 3710 Estey Avenue   | 26      |  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| 22 Naples, FL  | 27      |  |         |
| City & State   |         | City & State   |         |
| 23 34104   | 28      |  |         |
| Zip  | Country | Zip  | Country |
| 24   | 25      | 29   | 30      |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified   | 09/20/1985   |
| 4. FEI Number   | 59-2785131   |
| Applied For   | Not Applicable   |
| 5. Certificate of Status Desired  | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> \$5.00 May Be Added to Fees               |
| 7. Is this nonprofit corporation a homeowners association?  | <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No           |

9. Name and Address of Current Registered Agent

ALEXANDER, CHERI J CPPB  
 LEE COUNTY B.O.C.C.  
 2440 THOMPSON STREET  
 FT MYERS FL 33901-3070

10. Name and Address of New Registered Agent

|   |                               |
|---|-------------------------------|
| 81 Name   | Patrick M. Woods              |
| 82 Street Address (P.O. Box Number is Not Acceptable) | Collier County Public Schools |
| 83  | 3710 Estey Avenue             |
| 84 City   | Naples                        |
| 85 Zip Code   | FL 34104                      |

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: *Patrick M. Woods* / *Tren Shvor* DATE: 3/13/98

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | WILLSON, DALE CPPB      |  |
| STREET ADDRESS | 2523 MARKET STREET      |  |
| CITY-ST-ZIP    | FT MYERS FL 33901-3901  |  |
| TITLE          | VD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | TAYLOR, CORA L          |  |
| STREET ADDRESS | 2523 MARKET STREET      |  |
| CITY-ST-ZIP    | FT MYERS FL 33901-3901  |  |
| TITLE          | T                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | ALEXANDER, CHERI CPPB   |  |
| STREET ADDRESS | 2440 THOMPSON STREET    |  |
| CITY-ST-ZIP    | FT MYERS FL 33901       |  |
| TITLE          | SD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | SMITH, CAROLE A CPPB    |  |
| STREET ADDRESS | 18500 MURDOCK CIRCLE    |  |
| CITY-ST-ZIP    | PORT CHARLOTTE FL 33948 |  |
| 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          | PD                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Robert M. George, CPPB |   |
| 1.3 STREET ADDRESS | 1820 Hendry Street     |   |
| 1.4 CITY-ST-ZIP    | Ft. Myers, FL 33901    |   |
| 2.1 TITLE          | VD                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Cheri Alexander, CPPB  |   |
| 2.3 STREET ADDRESS | 2440 Thompson Street   |   |
| 2.4 CITY-ST-ZIP    | Ft. Myers, FL 33901    |   |
| 3.1 TITLE          | T                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Patrick Woods          |   |
| 3.3 STREET ADDRESS | 3710 Estey Avenue      |   |
| 3.4 CITY-ST-ZIP    | Naples, FL 34104       |   |
| 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.

SIGNATURE: *Patrick M. Woods* DATE: 3/13/98 (941) 436-6560

CR2E037 (10/97)