FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N11222

GULF COAST ASSOCIATION OF GOVERNMENTAL PURCHASIN G OFFICERS, INC.

Principal Place of Business
C/O PARTICK M WOODS
3710 ESTEY AVENUE
NAPLES FL 34104
US

2. Principal Place of Business

Suite, Apt. #, etc.

21

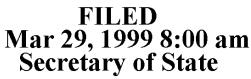
Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

C/O CHERI J. ALEXANDER. CPPB 2440 THOMPSON STREET FT MYERS FL 33901-3070



03-29-1999 90082 050 ****70.00

Applied For

Not Applicable

3. Date Incorporated or Qualifed

09/20/1985

59-2785131

4. FEI Number

22		27			59-2785131	_ Not Applicable		
City & State City & State					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	Country Zip Co						\$5.00 May Be	
Zip	Country	<u> </u>	Country		6. Election Campaign Financing Trust Fund Contribution	Added to		
24					10. Name and Address of New Registere		71 363	
Name and Address of Current Registered Agent				Name	To. Maine and Address of New Rogistore	a Agoin		
				Ivanic	<u> </u>			
WOODS, PATRICK M				32 Street Address (P.O. Box Number is Not Acceptable)				
COLLIER COUNTY PUBLIC SCHOOLS								
3710 ESTEY AVENUE							1	
NAPLES FL 34104			84	City		. 85 Zíp C	ode	
· · · · · · · · · · · · · · · · · · ·				′	F			
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 grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agen		Registered Ager	nt signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.		THE BITEOTOTIC		r	PD ADDITIONS/CHANGES TO GITTGERO	(X) Change	Addition	
TITLE	PD	M pereie	1.1 TITLE			TX = / miles		
NAME]	GEORGE, ROBERT M CPPO		1.2 NAME	-	Alexander, Cheri		}	
STREET ADDRESS	1820 HENDRY STREET		1.3 STREET	[ADDRESS	2440 Thompson St.		Ì	
CITY-ST-ZIP	FT MYERS FL 33901		1.4 CITY-ST-ZIP		Ft Myers, FL 33901	☐ Change	Addition	
TITLE	VD	DELETE	2.1 TITLE		VD	Change	Addition	
NAME	ALEXANDER, CHERI C		2.2 NAME		Smith, Carole 18500 Murdock Circle		}	
STREET ADDRESS	2440 THOMPSON STREET		2.3 STREE	TADORESS				
CITY-ST-ZIP	FT MYERS FL: 33901~	- <u></u>	2.4 CITY-5	T-ZIP	Port Charlotte, FL 33948-			
TITLE	T .	★ DELETE	3.1 TITLE		T	Change	X Addition	
NAME	WOODS, PATRICK		3.2 NAME		Lanzilotta, Gina		ļ	
STREET ADDRESS	3710 ESTEY AVENUE		3.3 STREET	TADDRESS	PO BOX 150027		ľ	
CITY-ST-ZIP	NAPLES FL 34104		3.4. CITY-5	ST-ZIP	Cape Coral, FL 33915-0027			
TITLE		DELETE	4.1 TITLE		•	Change	☐ Addition	
NAME			4. 2 NAME	ĺ	*		[
STREET ADDRESS			4.3 STREE	T ADDRESS			1	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME]]	
STREET ADDRESS			5.3 STREE	TAODRESS			l	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME	ļ			ļ	
STREET ADDRESS			6.3 STREE	T ADDRESS			1	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				
Sitt St LIF	<u></u>	1	45		Lin Section 119 07/3/i) Florida Statutes I further	andifer that the is	oformation	

I nereby certify that the information supplied with this timing does not quality for the exemption stated in Section 119.07(3)(f), Fronta Stateds. 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:

OINMAINTURE REQUIRED

941-339-6260