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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N11222

1. Corporation Name

GULF COAST ASSOCIATION OF GOVERNMENTAL PURCHASING OFFICERS, INC.

Principal Place of Business

Mailing Address

C/O PARTICK M WOODS
 3710 ESTEY AVENUE
 NAPLES FL 34104
 US

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/20/1985

22 City & State

27 City & State

4. FEI Number
 59-2785131

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODS, PATRICK M
 COLLIER COUNTY PUBLIC SCHOOLS
 3710 ESTEY AVENUE
 NAPLES FL 34104

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME GEORGE, ROBERT M CPPO
 STREET ADDRESS 1820 HENDRY STREET
 CITY-ST-ZIP FT MYERS FL 33901

1.1 TITLE PD Change Addition
 1.2 NAME Alexander, Cheri
 1.3 STREET ADDRESS 2440 Thompson St.
 1.4 CITY-ST-ZIP Ft Myers, FL 33901

TITLE VD DELETE
 NAME ALEXANDER, CHERI C
 STREET ADDRESS 2440 THOMPSON STREET
 CITY-ST-ZIP FT MYERS FL 33901

2.1 TITLE VD Change Addition
 2.2 NAME Smith, Carole
 2.3 STREET ADDRESS 18500 Murdock Circle
 2.4 CITY-ST-ZIP Port Charlotte, FL 33948-1094

TITLE T DELETE
 NAME WOODS, PATRICK
 STREET ADDRESS 3710 ESTEY AVENUE
 CITY-ST-ZIP NAPLES FL 34104

3.1 TITLE T Change Addition
 3.2 NAME Lanzilotta, Gina
 3.3 STREET ADDRESS PO BOX 150027
 3.4 CITY-ST-ZIP Cape Coral, FL 33915-0027

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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: *Patrick M Woods* SIGNATURE REQUIRED

3-18-99

941-339-6260

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