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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004745 (3)

1. Corporation Name

TALLAHASSEE AREA CHAPTER OF THE NATIONAL INSTITUTE OF GOVERNMENTAL PURCHASING INC.



Principal Place of Business

Mailing Address

PO BOX 922
TALLAHASSEE FL 32302

PO BOX 922
TALLAHASSEE FL 32302-0922

3. Date Incorporated or Qualified

09/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIXON, RHONDA M
3845 KILLARNEY PLAZA DR
TALLAHASSEE FL 32308

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 P
NAME MIXON, RHONDA M
STREET ADDRESS 3845 KILLARNEY PLAZA DR
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE D
1.2 NAME Karen Esser
1.3 STREET ADDRESS 5594 Pedrick Plantation Circle
1.4 CITY-ST-ZIP Tallahassee, FL 32311 877-9715

TITLE S
NAME ALCORN, GWEN MS.
STREET ADDRESS 2640 NEZ PERCE TRL
CITY-ST-ZIP TALLAHASSEE FL 32303

2.1 TITLE D
2.2 NAME Jim Ellis
2.3 STREET ADDRESS 335 7th Ave., SE
2.4 CITY-ST-ZIP Cairo, GA 31728 912/377-3925

TITLE V
NAME BARKER, H P JR
STREET ADDRESS 307 HOFTMAN DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

3.1 TITLE V
3.2 NAME Gwen Parker
3.3 STREET ADDRESS 3055 Thomas Rd.
3.4 CITY-ST-ZIP Tallahassee, FL 32312 904/385-2662

TITLE T
NAME WILDER, RALPH B
STREET ADDRESS 2223 BELLEVUE WAY
CITY-ST-ZIP TALLAHASSEE FL 32304

4.1 TITLE D
4.2 NAME John Knight
4.3 STREET ADDRESS 8158 Chris Ln.
4.4 CITY-ST-ZIP Tallahassee, FL 32310-0781 421-5563

TITLE D
NAME Russ Rothman
STREET ADDRESS Rt. 2, Box 392-A
CITY-ST-ZIP Tallahassee, FL 32311 997-3098

5.1 TITLE D
5.2 NAME Rebecca Bacot
5.3 STREET ADDRESS 71 Passion Flower Rd.
5.4 CITY-ST-ZIP Crawfordville, FL 32327 926-2752

TITLE D
NAME Arthur E. Wright
STREET ADDRESS 1649 Copperfield Cir.
CITY-ST-ZIP Tallahassee, FL 32312 893-7662

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 checked, or on an attachment with an address.

SIGNATURE:

Rhonda M. Mixon

2-15-97 487-8521

CR2E037 (9/96)