

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004745 (3)**

1. Corporation Name  
**TALLHASSEE AREA CHAPTER OF THE NATIONAL INSTITUTE OF GOVERNMENTAL PURCHASING INC.**



Principal Place of Business <b>PO BOX 922 TALLHASSEE FL 32302</b>	Mailing Address <b>PO BOX 922 TALLHASSEE FL 32302</b>
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3. Date Incorporated or Qualified <b>09/12/1996</b>	
4. FEI Number <b>53-0196623</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MIXON, RHONDA M  
3645 KILLARNEY PLAZA DR  
TALLHASSEE FL 32308**

10. Name and Address of New Registered Agent

**81 Name Arthur E. WRIGHT**  
**82 Street Address (P.O. Box Number is Not Acceptable) 1649 Copperfield Circle**  
**83**  
**84 City Tallahassee FL 85 Zip Code 32312**

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 *Arthur E. Wright* DATE **4/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>MIXON, RHONDA M 3645 KILLARNEY PLAZA DR TALLHASSEE FL 32308</b>	<input checked="" type="checkbox"/> DELETE	
TITLE <b>S</b>	<b>ALCORN, GWEN MS. 2640 NEZ PERCE TRL TALLHASSEE FL 32303</b>	<input type="checkbox"/> DELETE	
TITLE <b>V</b>	<b>PARKER, GWEN 3055 THOMAS RD. TALLHASSEE FL</b>	<input checked="" type="checkbox"/> DELETE	
TITLE <b>T</b>	<b>WILDER, RALPH B 2223 BELLEVUE WAY TALLHASSEE FL 32304</b>	<input type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>ROTHMAN, RUSS RT. 2, BOX 392-A TALLHASSEE FL</b>	<input checked="" type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>WRIGHT, ARTHUR E. 1649 COPPERFIELD CIR. TALLHASSEE FL</b>	<input checked="" type="checkbox"/> DELETE	

1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Arthur E. Wright</b>	
1.3 STREET ADDRESS <b>1649 Copperfield Circle</b>	
1.4 CITY-ST-ZIP <b>Tallahassee, FL 32312</b>	
2.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>SAME</b>	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>CLARK Rogers</b>	
3.3 STREET ADDRESS <b>469 Copperwood Rd</b>	
3.4 CITY-ST-ZIP <b>Crawfordville FL 32327</b>	
4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>SAME ADDRESS</b>	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Stanton Corbett</b>	
5.3 STREET ADDRESS <b>4200 GARRISON A</b>	
5.4 CITY-ST-ZIP <b>Panama City FL 92404-9222</b>	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Rhonda Mixon</b>	
6.3 STREET ADDRESS <b>3645 Killarney Plaza Dr</b>	
6.4 CITY-ST-ZIP <b>Tallahassee, FL 32308</b>	

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: *Arthur E. Wright* **Arthur E. WRIGHT** DATE **4/22/98** ID **921-7360**

CR2E037 (10/97)