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SECRETARY OF STATE
02-22-1999 90011 022 ***\$61.25
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000004745

1. Corporation Name

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

Principal Place of Business

PO BOX 822
TALLAHASSEE FL 32302-0922

Mailing Address

PO BOX 822
TALLAHASSEE FL 32302-0922



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/12/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		-53-6196629-311578267	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WRIGHT, ARTHUR E 1649 COPPERFIELD CIR TALLAHASSEE FL 32312				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 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, ARTHUR E			1.2 NAME			
STREET ADDRESS	1649 COPPERFIELD CIR			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312			1.4 CITY-ST-ZIP			
TITLE	S D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALCORN, GWEN MS.			2.2 NAME			
STREET ADDRESS	2640 NEZ PERCE TRL			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303			2.4 CITY-ST-ZIP			
TITLE	V D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, CLARK			3.2 NAME			
STREET ADDRESS	469 COPPERWOOD RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	CRAWFORDVILLE FL 32327			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILDER, RALPH B			4.2 NAME			
STREET ADDRESS	2223 BELLEVUE WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32304			4.4 CITY-ST-ZIP			
TITLE	T D	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORBETT, STANTEN			5.2 NAME	CORBETT, STANTEN W.		
STREET ADDRESS	4200 GARRISON RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32404-9222			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIXON, RHONDA			6.2 NAME			
STREET ADDRESS	3645 KILLARNEY PL DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			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)(f), 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: Stanten W. Corbett 010699 850 644-0533
Signature and typed or printed name of signing officer or director Date Daytime Phone #