

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N96000004745

Entity Name: TALLAHASSEE AREA CHAPTER OF THE NATIONAL INSTITUTE OF GOVERNMENTAL PURCHASING INC.

Current Principal Place of Business:

2284 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 922
TALLAHASSEE, FL 323020922

New Mailing Address:

FEI Number: 31-1578267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOBIN, DON
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PURSLEY, JANET
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 32302

Title: V () Delete
Name: MOSELEY, JESSIE
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 32302

Title: T () Delete
Name: TOBIN, DON
Address: 2284 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: LOVELL, MARK
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: SELLERS, WENDI
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: PURSLEY, JANET
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 32302

Title: V (X) Change () Addition
Name: UPDIKE, STEVEN
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 32302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ROBERTS, KEITH
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 32302

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON TOBIN

_____ Electronic Signature of Signing Officer or Director

T

01/16/2009

_____ Date