

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/9/2003-90042-049-\$70.00-\$70.00

0001927

DOCUMENT # N96000004745

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

Principal Place of Business
PO BOX 922
TALLAHASSEE FL 32302-0922

Mailing Address
PO BOX 922
TALLAHASSEE FL 32302-0922

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country



FILED

03 AUG 15 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1578267** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ARRINGTON, KIM
111 W. MADISON STREET
TALLAHASSEE FL 32399

7. Name and Address of New Registered Agent
Name **DON TOBIN**
Street Address (P.O. Box Number is Not Acceptable) **2284 MIDDLEBURY RD**
City **TALLAHASSEE** FL Zip Code **32308**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **7/8/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILDER, RALPH 2223 BELLEVUE WAY TALLAHASSEE FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIXON, RHONDA PO BOX 922 TALLAHASSEE FL 32302-0922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARRINGTON, KIM 9488 VETERANS MEM TALLAHASSEE FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DON TOBIN 2284 MIDDLEBURY RD TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOWN, PEGGY RR 3 BOX 140-D2 MONTICELLO FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, CLARK 790 BLUEBERRY DR GRAND RIDGE FL 32442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAWAY, DAVID 6416 KINGMAN TR TALLAHASSEE FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bill SPANER PO BOX 922 TALLAHASSEE FL 32302

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **7/8/03** 850-488-6949

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)

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