

3-26-98 B-3813 C
FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am
Secretary of State

| NONPROFIT CORPORATION ANNUAL REPORT 1998 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
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| DOCUMENT # N11222 (9) | | | |
| 1. Corporation Name GULF COAST ASSOCIATION OF GOVERNMENTAL PURCHASIN G OFFICERS, INC. | | | |
| Principal Place of Business C/O CHERI J. ALEXANDER, CPPB 2440 THOMPSON STREET FT MYERS FL 33901-3070 <i>c/o Patrick M. Woods</i> | | Mailing Address C/O CHERI J. ALEXANDER, CPPB 2440 THOMPSON STREET FT MYERS FL 33901-3070 | |
| 2. Principal Place of Business 21 3710 Estey Avenue Suite, Apt. #, etc. 22 Naples, FL City & State 23 34104 Zip 24 | | 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | |
| 9. Name and Address of Current Registered Agent ALEXANDER, CHERI J CPPB LEE COUNTY B.O.C.C. 2440 THOMPSON STREET FT MYERS FL 33901-3070 | | 10. Name and Address of New Registered Agent 81 Name Patrick M. Woods 82 Street Address (P.O. Box Number is Not Acceptable) Collier County Public Schools 83 3710 Estey Avenue 84 City Naples 85 Zip Code FL 34104 | |
| 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 <i>Patrick M. Woods</i> <i>J. Tronchar</i> DATE 3/13/98 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILLSON, DALE CPPB 2523 MARKET STREET FT MYERS FL 33901-3901 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD Robert M. George, CPPB 1820 Hendry Street Ft. Myers, FL 33901 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TAYLOR, CORA L 2523 MARKET STREET FT MYERS FL 33901-3901 <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VD Cheri Alexander, CPPB 2440 Thompson Street Ft. Myers, FL 33901 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ALEXANDER, CHERI CPPB 2440 THOMPSON STREET FT MYERS FL 33901 <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | T Patrick Woods 3710 Estey Avenue Naples, FL 34104 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SMITH, CAROLE A CPPB 18500 MURDOCK CIRCLE PORT CHARLOTTE FL 33948 <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Patrick M. Woods</i> | | DATE 3/13/98 (941) 436-6560 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # 0000000 | |

CR2E037 (10/97)