

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11222

FILED  
Feb 05, 2007  
Secretary of State

Entity Name: GULF COAST ASSOCIATION OF GOVERNMENTAL PURCHASING OFFICERS, INC.

## Current Principal Place of Business:

C/O PATTI ARMBRUSTER  
P.O. BOX 398  
FORT MYERS, FL 33901 US

## Current Mailing Address:

C/O PATTI ARMBRUSTER  
P.O. BOX 398  
FORT MYERS, FL 33901 US

## New Principal Place of Business:

JANE DALRYMPLE - CITY OF PUNTA GORDA  
326 W MARION AVENUE  
PUNTA GORDA, FL 33950 US

## New Mailing Address:

JANE DALRYMPLE - CITY OF PUNTA GORDA  
326 W MARION AVENUE  
PUNTA GORDA, FL 33950 US

FEI Number: 59-2785131      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DALRYNOLE, JANE  
326 WEST MARION AVE.  
PUNTA GORDA, FL 33950 US

## Name and Address of New Registered Agent:

DALRYMPLE, JANE  
326 WEST MARION AVE.  
PUNTA GORDA, FL 33950 US

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: JANE DALRYMPLE

02/05/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: LINDBACK, KATHLEEN M  
Address: 18500 MURDOCK CIR  
City-St-Zip: PT CHARLOTTE, FL 33948

Title: P ( ) Delete  
Name: SHENNAN, JANET K  
Address: P.O. BOX 398  
City-St-Zip: FORT MYERS, FL 33902

Title: S ( ) Delete  
Name: ARMBUSTER, PATTI  
Address: P.O. BOX 398  
City-St-Zip: FORT MYERS, FL 33902 US

Title: T ( ) Delete  
Name: DALRYMPLE, JANE  
Address: 326 WEST MARION AVE.  
City-St-Zip: PUNTA GORDA, FL 33950

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: LINDBACK, KATHLEEN M  
Address: 18500 MURDOCK CIR  
City-St-Zip: PT CHARLOTTE, FL 33948

Title: VP (X) Change ( ) Addition  
Name: ARMBRUSTER, PATTI  
Address: P.O. BOX 398  
City-St-Zip: FORT MYERS, FL 33902

Title: S (X) Change ( ) Addition  
Name: TUDOR, LISA  
Address: 8099 COLLEGE PARKWY  
City-St-Zip: FORT MYERS, FL 33919 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JANE DALRYMPLE

T

02/05/2007

Electronic Signature of Signing Officer or Director

Date