

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000324

FILED
Mar 15, 2007
Secretary of State

Entity Name: MID-FLORIDA CHAPTER OF NATIONAL INSTITUTE OF GOVERNMENTAL PURCHASING, INC.

Current Principal Place of Business:

451 3RD ST. NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

451 3RD ST. NW
WINTER HAVEN, FL 33881

New Mailing Address:

PO BOX 234
BARTOW, FL 33831

FEI Number: 14-1942644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BISHOP, BOB
451 3RD ST. NW
WINTER HAVEN, FL 33881 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: PD () Delete
Name: GELCH, WENDY
Address: 999 AVE. H NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD () Delete
Name: STOREY, BUDDY
Address: 2470 CLOWER LANE
City-St-Zip: BARTOW, FL 33830

Title: SD () Delete
Name: ADAMS, LYNN
Address: 1915 S. FLORAL AVE.
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: BISHOP, BOB
Address: 451 3RD ST. NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change () Addition
Name: GELCH, WENDY
Address: 999 AVE. H NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: PD (X) Change () Addition
Name: STOREY, BUDDY
Address: 2470 CLOWER LANE
City-St-Zip: BARTOW, FL 33830

Title: VD (X) Change () Addition
Name: ADAMS, LYNN
Address: 1915 S. FLORAL AVE.
City-St-Zip: BARTOW, FL 33830

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

Title: SD () Change (X) Addition
Name: RAIFORD, MARK
Address: 1140 EAST PARK ST
City-St-Zip: LAKELAND, FL 33801

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: BOB BISHOP

TD

03/15/2007

Electronic Signature of Signing Officer or Director

Date