

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004745

FILED
Apr 23, 2018
Secretary of State
CC6870622318

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

Current Principal Place of Business:

4800 LEAH LN
TALLAHASSEE, FL 32302

Current Mailing Address:

PO BOX 922
TALLAHASSEE, FL 32302-0922 US

FEI Number: 31-1578267

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEWMAN, SHARITA
4050 ESPLANADE WAY
TALLAHASSEE, FL 32399 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: SHARITA NEWMAN

04/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT

Name KELLEY, SHELLY

Address PO BOX 922

City-State-Zip: TALLAHASSEE FL 32302

Title VICE-PRESIDENT

Name SHEWAN, FRAN

Address PO BOX 922

City-State-Zip: TALLAHASSEE FL 32302

Title TREASURER

Name NEWMAN, SHARITA

Address PO BOX 922

City-State-Zip: TALLAHASSEE FL 32302-0922

Title SECRETARY

Name COOPER, CLAUDIA

Address PO BOX 922

City-State-Zip: TALLAHASSEE FL 32302

Title ASST. TREASURER

Name SMITH, DONNA

Address PO BOX 922

City-State-Zip: TALLAHASSEE FL 32302

Title BOARD MEMBER

Name CAMPOS, EARL

Address PO BOX 922

City-State-Zip: TALLAHASSEE FL 32302-0922

Title BOARD MEMBER

Name ROBERTS, DENISE

Address PO BOX 922

City-State-Zip: TALLAHASSEE FL 32302-0922

Title BOARD MEMBER

Name HILL, GREG

Address PO BOX 922

City-State-Zip: TALLAHASSEE FL 32302-0922

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I hereby 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 all other like empowered.

SIGNATURE: SHARITA NEWMAN

TREASURER

04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name TRAHAN, DIANA
Address PO BOX 922
City-State-Zip: TALLAHASSEE FL 32302-0922

Title BOARD MEMBER
Name WELLS, BRENDA
Address PO BOX 922
City-State-Zip: TALLAHASSEE FL 32302-0922