

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004745

**FILED**  
**Mar 03, 2015**  
**Secretary of State**  
**CC5689740860**

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

**Current Principal Place of Business:**

4050 ESPLANADE WAY  
TALLAHASSEE, FL 32399

**Current Mailing Address:**

PO BOX 922  
TALLAHASSEE, FL 32302-0922

**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**

**03/03/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SMITH, DONNA  
Address PO BOX 922  
City-State-Zip: TALLAHASSEE FL 32302

Title VP  
Name NEWMAN, LORI  
Address PO BOX 922  
City-State-Zip: TALLAHASSEE FL 32302

Title T  
Name NEWMAN, SHARITA  
Address PO BOX 922  
City-State-Zip: TALLAHASSEE FL 32302-0922

Title S  
Name CLACK, DALPHINE  
Address PO BOX 922  
City-State-Zip: TALLAHASSEE FL 32302

Title ASST. TREASURER  
Name JEWETT, NANCY  
Address PO BOX 922  
City-State-Zip: TALLAHASSEE FL 32302

*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**

**03/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date