

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751361

FILED
Apr 20, 2011
Secretary of State

Entity Name: INSTITUTE FOR SUPPLY MANAGEMENT OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

121 MERIWOOD DR
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

PURCHASING MGMT ASSOC.
P.O. BOX 621416
ORLANDO, FL 328621416 US

New Mailing Address:

FEI Number: 59-2603005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAINWRIGHT, ED
121 MERIWOOD DR
KISSIMMEE, FL 34743 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: DAT
Name: WAINWRIGHT, ED
Address: 121 MERIWOOD DR
City-St-Zip: KISSIMMEE, FL 34743

Title: V P
Name: CARPENTER, RON
Address: 210 TIFFANY COURT
City-St-Zip: POINCIANA, FL 347582714

Title: TRES
Name: MORRIS, JOHN
Address: 1712 BAXTER AVE
City-St-Zip: ORLANDO, FL 32806

Title: PRES
Name: HALLMARK, BETTE J
Address: 3795 SEMINOLE DR
City-St-Zip: ORLANDO, FL 32812

Title: ADVI
Name: STRAW, RICHARD W
Address: 318 WHITE OAK DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SEC
Name: MCCORKLE, TEDDI
Address: 1231 17TH ST
City-St-Zip: ST CLOUD, FL 34769

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: ED WAINWRIGHT

DAT

04/20/2011

Electronic Signature of Signing Officer or Director

Date