FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768688** **(4)**

1. Corporation Name

PURCHASING MANAGEMENT ASSOCIATION OF NORTH WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
UNIV OF W FLA 11000 UNIVERSITY PARKWAY - BLDG 8 PENSACOLA FL 32514	UNIV OF W FLA 11000 UNIVERSITY PARKWAY - BLDG 8 PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1983**
3a. Date of Last Report: **09/15/1994**
4. FEI Number: **59-2448726** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SINGLETARY, R. M.
11000 UNIVERSITY PKWY - BLDG 8
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	GRIMM, JAMES	12 NAME	SMITH, ELAINE	
STREET ADDRESS	10 SPRUCE ST	13 STREET ADDRESS	4593 HWY 90	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	PENSACOLA, FL 32591	
TITLE	VD	21 TITLE	VD	☐ Change ☑ Addition
NAME	FISH, BUDDY	22 NAME	WATERS, ANDREW	
STREET ADDRESS	1306 E HERNANDEZ ST	23 STREET ADDRESS	180 GOVERNMENTAL CENTER	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	S	31 TITLE	VD	☑ Change ☐ Addition
NAME	CALDER, MIKE	32 NAME	CALDER, MIKE	
STREET ADDRESS	4575 HWY 90 E	33 STREET ADDRESS	4575 HWY 90E	
CITY-ST-ZIP	PACE FL	34 CITY-ST-ZIP	PACE, FL 32591	
TITLE	T	41 TITLE	S	☐ Change ☑ Addition
NAME	GAFFORD, SHARON	42 NAME	LEWIS, PAUL	
STREET ADDRESS	180 GOVERNMENTAL CNTR	43 STREET ADDRESS	9101 ELY STREET	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	VD	51 TITLE	T	☐ Change ☐ Addition
NAME	SMITH, ELAINE T.	52 NAME	GAFFORD, SHARON	
STREET ADDRESS	4593 HWY 90	53 STREET ADDRESS	180 GOVERNMENTAL CNTR	
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Sharon K. Gafford — April 28, 1995 — (904) 435-1835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHARON GAFFORD

0071348