**FILE NOW: FILING FEE IS $61.25**

FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

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

1. Corporation Name

**PURCHASING MANAGEMENT ASSOCIATION OF NORTH WEST FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ESCAMBIA COUNTY SCHOOL BOARD<br>215 WEST GARDEN STREET<br>PENSACOLA FL 32501<br>US | ESCAMBIA COUNTY SCHOOL BOARD<br>215 WEST GARDEN STREET<br>PENSACOLA FL 32501-5728<br>US |

3. Date Incorporated or Qualified: 06/01/1983
3a. Date of Last Report: 08/07/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

**9. Name and Address of Current Registered Agent**

BOYER, BERRY
215 WEST GARDEN STREET
PENSACOLA FL 32501

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BOYER, BARRY<br>215 WEST GARDEN STREET<br>PENSACOLA FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>Boyer, Barry<br>215 West Garden Street<br>Pensacola, FL 32501 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SMITH, ELAINE<br>4593 HIGHWAY 90<br>PENSACOLA FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VD<br>Sharon Gafford<br>180 Governmental Center<br>Pensacola, FL 32501 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LEWIS, PAUL<br>9101 ELY STREET<br>PENSACOLA FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | VD Helen Thomas<br>500 Bayfront Parkway<br>Pensacola, FL 32501 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SIEBENALUE, JENNIFER<br>375 MUSCOGEE ROAD<br>CONTONMENT FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | S<br>Jennifer Siebenaler<br>375 Muscogee Road<br>Cantonment, FL 32533 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GAFFORD, SHARON<br>180 GOVERNMENTAL CENTER<br>PENSACOLA FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | NA<br>Elaine Smith<br>4593 Highway 90<br>Pensacola, FL 32591 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | 900002201699<br>-06/04/97--01089--007<br>***61.25 | ☐ Change ☐ Addition |

5/21/97

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address.

SIGNATURE: [illegible] DATE