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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

768688

(4)

PURCHASING MANAGEMENT ASSOCIATION OF NORTH WEST FLORIDA, INC.

Principal Place of Business Mailing Address ESCAMBIA COUNTY SCHOOL BOARD ESCAMBIA COUNTY SCHOOL BOARD 3. Date Incorporated or Qualified 215 WEST GARDEN STREET 215 WEST GARDEN STREET 06/01/1983 PENSACOLA FL 32501 PENSACOLA FL 32501 4. FEI Number Applied For 59-2448726 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired P.O. BOX 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? PENSACOLA **Y** No Yes Ζıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BOYER BARRY BOYER, BERRY Street Address (P.O. Box Number is Not Acceptable) 215 WEST GARDEN STREET PENSACOLA FL 32501 City PENSACOLA 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent.

BARRY BOYER Pres Dewl ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TIFLE PN 1.1 TITLE **BOYER, BARRY** 1.2 NAME NAME (same) 215 WEST GARDEN STREET STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME GAFFORD, SHARON 2.2 NAME STREET ADDRESS **180 GOVERNMENTAL CENTER** 2.3 STREET ADDRESS CEAME) PENSACOLA FL 32501 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change . DELETE Addition TITLE 3.1 TITLE **LEWIS, PAUL** THOMAS, HELEN NAME 3.2 NAME 500 BAYPRONT PARKWAY 9101 ELY STREET STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL Penspeola, FL 32501 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE SIEBENALUE, JENNIFER 4 2 NAME LOVE, JENNIFER NAME 375 MUSCOGEE ROAD 375 MUSCOGER RO. CANTONMENT FL 4.3 STREET ADDRESS STREET ADDRESS CONTONMENT FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE GAFFORD, SHARON 5.2 NAME Ba, Collins, Teresu NAME **180 GOVERNMENTAL CENTER 5.3 STREET ADDRESS** P780 ELY ROAD STREET ADDRESS PENSACOLA PENSACOLA FL 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ĒDNA KIRKSEY THOMAS, HELEN 6.2 NAME NAME GIO CHEMETRIAND RD. **500 BAYFRONT PARKWAY** 6.3 STREET ADDRESS STREET ADORESS

PENSACOLA FL 32501 32533 14. I 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BARRY BUEN PRESIDENT 2/12/98 880-469-6120

CANTONMENT FL

FILED

Mar 24 1998 8:00am

Secretary of State

| C. GaA | rectors: |
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| | D |
| | Johnston, John |
| | 2420 S. HIGHWAY 29 |
| | PENSACOLA FL 32534 |
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| | D |
| | MAGIE, TIMOTHY |
| | 8990 N. DAVIS HWY #160 |
| | PENSACULA FL 32504 |
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