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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768688

1. Corporation Name

PURCHASING MANAGEMENT ASSOCIATION OF NORTH WEST
FLORIDA, INC.

Principal Place of Business

ESCAMBIA COUNTY SCHOOL BOARD
215 WEST GARDEN STREET
PENSACOLA FL 32501
US

Mailing Address

P.O. BOX 1241
PENSACOLA FL 32501
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/01/1983

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

9. Name and Address of Current Registered Agent

BOYER, BARRY
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BOYER, BARRY
STREET ADDRESS 215 WEST GARDEN STREET
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☒ DELETE

NAME GAFFORD, SHARON
STREET ADDRESS 180 GOVERNMENTAL CENTER
CITY-ST-ZIP PENSACOLA FL 32501

TITLE VD ☐ DELETE

NAME THOMAS, HELEN
STREET ADDRESS 500 BAYFRONT PARKWAY
CITY-ST-ZIP PENSACOLA FL 32501

TITLE S ☒ DELETE

NAME LOVE, JENNIFER
STREET ADDRESS 375 MUSCOGEE ROAD
CITY-ST-ZIP CANTONMENT FL 32533

TITLE T ☐ DELETE

NAME COLLINS, TERESA
STREET ADDRESS 8780 ELY ROAD
CITY-ST-ZIP PENSACOLA FL 32514

TITLE D ☒ DELETE

NAME KIRKSEY, EDNA
STREET ADDRESS 610 CHEMSTRAND DRIVE
CITY-ST-ZIP CANTONMENT FL 32533

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE: *Teresa Collins* SIGNATURE REQUIRED *Teresa Collins* 3/24/99 850 476-7974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0080320

CR2E037 (11/98)