

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 768688

FILED
Aug 13, 2002
Secretary of State

Entity Name: PURCHASING MANAGEMENT ASSOCIATION OF NORTH WEST FLORIDA, INC.

Current Principal Place of Business:

SACRED HEART HEALTH SYSTEM
5151 N. NINTH AVE
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1241
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-2448726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADLEY, WAYNE
215 WEST GARDEN STREET
PENSACOLA, FL 32501 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: PD () Delete
Name: HULL, JAMES D
Address: 5151 N. NINTH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: EVD () Delete
Name: BRADLEY, WAYNE
Address: 5151 N. NINTH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: WILLIAMS, RAMONA D
Address: 5151 N. NINTH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: HALL, CAROLYN
Address: 5151 N. NINTH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: MCKNIGHT, ALETA
Address: 12910 PANAMA CITY BEACH PARKWAY
City-St-Zip: PANAMA CITY BEACH, FL 32417

Title: VD () Delete
Name: DOMBROSKIE, JOHN T
Address: 215 W. GARDEN ST
City-St-Zip: PENSACOLA, FL 32597

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WATSON, ALISON
Address: 215 W GARDEN ST
City-St-Zip: PENSACOLA, FL 32597

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROBERTS, C. B
Address: 213 PALAFOX PLACE
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES D HULL

PD

08/13/2002

Electronic Signature of Signing Officer or Director

Date