2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004
Secretary of State

DOCUMENT# 768688

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:

BATES, DAN C JR.
P.O. BOX 1241
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:	ROBERTS, CLARENCE R	
Address:	213 PALAFOX PLACE	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	EVP	( ) 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:	VA	( ) Delete
Name:	BATES, DAN C JR.	
Address:	ONE ENERGY PLACE	
City-St-Zip:	PENSACOLA, FL 32520	
Title:	VM	( ) Delete
Name:	BAUGHMAN, LORRAINE	
Address:	ONE ENERGY PLACE	
City-St-Zip:	PENSACOLA, FL 32520	
Title:	D	( ) Delete
Name:	DAVIS, GENE	
Address:	UNIVERSITY OF WEST FLORIDA	
City-St-Zip:	CANTONMENT, FL 32533	

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

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: DAN C. BATES, JR. VA 08/04/2004

Electronic Signature of Signing Officer or Director — Date