2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 03, 2005
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: JASMYN, JUDY
Address: 11000 UNIVERSITY PARKWAY
City-St-Zip: PENSACOLA, FL 32514

Title: EVP ( ) Delete
Name: HULLS, JAMES
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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPM (X) Change ( ) Addition
Name: JASMYN, JUDY
Address: 11000 UNIVERSITY PARKWAY
City-St-Zip: PENSACOLA, FL 32514

Title: EVP (X) Change ( ) Addition
Name: SASSER, BENNY J
Address: P.O. BOX 550
City-St-Zip: ANDALUSIA, AL 36420

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, RAMONA D
Address: 5151 N. NINTH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: VPA (X) Change ( ) Addition
Name: BATES, DAN C JR.
Address: ONE ENERGY PLACE
City-St-Zip: PENSACOLA, FL 32520

Title: VPM ( ) Change (X) Addition
Name: STANFILL, GWEN
Address: 10095 HILLVIEW ROAD
City-St-Zip: PENSACOLA, FL 32514

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. VPA 08/03/2005

Electronic Signature of Signing Officer or Director — Date