

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768688

FILED  
Mar 30, 2006  
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:**

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: VPM ( ) Delete  
Name: JASMYN, JUDY  
Address: 11000 UNIVERSITY PARKWAY  
City-St-Zip: PENSACOLA, FL 32514

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

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

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

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

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date