2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768688

FILED Mar 19, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: SACRED HEART HEALTH SYSTEM 5151 N. NINTH AVE PENSACOLA, FL 32504 US **New Mailing Address: Current Mailing Address:** P.O. BOX 1241 PENSACOLA, FL 32501 US FEI Number: 59-2448726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BATES, DAN C JR. BATES, DAN C JR. ONE ENERGY PLACE P.O. BOX 1241 PENSACOLA, FL 32501 US US PENSACOLA, FL 32520 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: 03/19/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPM () Delete () Change () Addition JASMYN, JUDY Name: Name: 11000 UNIVERSITY PARKWAY Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: Title: EVP () Delete Title: () Change () Addition SASSER, BENNY J Name: Name: Address: P.O. BOX 550 Address: City-St-Zip: ANDALUSIA, AL 36420 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, RAMONA D Name: Name: Address: 5151 N. NINTH AVE Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: **VPA** () Delete Title: () Change () Addition Name: BATES, DAN C JR. Name: ONE ENERGY PLACE Address: Address: City-St-Zip: PENSACOLA, FL 32520 City-St-Zip: Title: Title: VPM () Delete () Change () Addition STANFILL, GWEN Name: Name: 10095 HILLVIEW ROAD Address: Address: City-St-Zip: PENSACOLA, FL 32514 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 03/19/2007