# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2007**
**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:**

BATES, DAN C JR.
ONE ENERGY PLACE
PENSACOLA, FL 32520 US

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:**

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 03/19/2007
Electronic Signature of Signing Officer or Director — Date