

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768688

FILED
Apr 30, 2009
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF PURCHASING MANAGERS OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

6609 BELLVIEW PINES RD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

PO BOX 1241
PENSACOLA, FL 325911241

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:

ENGELMEYER, ERIC S
6609 BELLVIEW PINES RD
PENSACOLA, FL 32526 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: ENGELMEYER, ERIC
Address: 11000 UNIVERSITY PKWY
City-St-Zip: PENSACOLA, FL 32514

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: VPA (X) Change () Addition
Name: ENGELMEYER, ERIC S
Address: 11000 UNIVERSITY PKWY
City-St-Zip: PENSACOLA, FL 32514

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

I hereby certify that the information supplied with this filing does not qualify 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: ERIC S ENGELMEYER

VPA

04/30/2009

Electronic Signature of Signing Officer or Director

Date