

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011501

FILED
Jul 01, 2005
Secretary of State

Entity Name: NORTH FLORIDA PROCUREMENT ASSOCIATION CHAPTER OF NIGP, INC.

Current Principal Place of Business:

6850 BELFORT OAKS PL
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6850 BELFORT OAKS PL
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2020652 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROVEDO, BARBARA
6850 BELFORT OAKS PL
JACKSONVILLE, FL 32216 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KANBAR, BLAIR
Address: 6850 BELFORT OAKS PL
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV () Delete
Name: TORMA, MAUREEN
Address: 6850 BELFORT OAKS PL
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLAPSADDLE, MICHAEL
Address: 6850 BELFORT OAKS PL
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP (X) Change () Addition
Name: TORMA, MAUREEN
Address: 6850 BELFORT OAKS PL
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST () Change (X) Addition
Name: WALLIS, RANDY
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

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: BARBARA ROVEDO

REG

07/01/2005

Electronic Signature of Signing Officer or Director

Date