2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# N04000011501

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 (X)**
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:

TAYLOR, MARIO L
6850 BELFORT OAKS PL
JACKSONVILLE, FL 32216 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: PRES ( ) Delete
Name: WALLIS, RANDY
Address: 6850 BELFORT OAKS PL
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP ( ) Delete
Name: BONG, TAMMY
Address: 6850 BELFORT OAKS PL
City-St-Zip: JACKSONVILLE, FL 32216

Title: S/T ( ) Delete
Name: THOMAS, KAREN
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: DIR ( ) Delete
Name: CLAPSADDLE, MIKE
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: DIR ( ) Delete
Name: WEAVER, ALAN
Address: 6850 BELFORT OAKS PL
City-St-Zip: JACKSONVILLE, FL 32216

Title: DIR ( ) Delete
Name: GANGER, LARRY
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 322169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S/T (X) Change ( ) Addition
Name: WETHERINGTON, RUSSELL
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

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

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

Title: DIR (X) Change ( ) Addition
Name: WHITENER, SHARON
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 322169

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: MARIO L. TAYLOR DCEO 07/14/2008

Electronic Signature of Signing Officer or Director — Date