

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N05564 (2)**

1. Corporation Name  
**PURCHASING MANAGEMENT ASSOCIATION OF FLORIDA'S FIRST COAST, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 2395 JACKSONVILLE FL 32203-2395** **P.O. BOX 2395 JACKSONVILLE FL 32203-2395**

3. Date Incorporated or Qualified **10/09/1984** 3a. Date of Last Report **08/25/1995**  
 4. FEI Number **59-2500611** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**CHADBOURNE, HARLAND A**  
**6113 RUBBINS CIRCLE N.**  
**JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CHADBOURNE, HARLAND A</b>
STREET ADDRESS	<b>10321 FORTUNE PKWY., BLDG. 400</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32258</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ARCHER, PAMELA F</b>
STREET ADDRESS	<b>617 PONTE VEDRA BLVD.</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE
NAME	<b>LAKE, LINDA L</b>
STREET ADDRESS	<b>P.O. BOX 1577 N/A</b>
CITY-ST-ZIP	<b>PALATKA FL 32178</b>
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE
NAME	<b>GARLINGHOUSE, DALE L</b>
STREET ADDRESS	<b>10485 BUSCH DR., NORTH</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>KICHTON, CARYL</b>
STREET ADDRESS	<b>10321 FORTUNE PKWY., BLD. 400</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32258</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>WEBSTER, KAREN M</b>
STREET ADDRESS	<b>459 E. 16TH ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32206</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** 7-26-96 904-328-9255 x2170  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)