


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 18 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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



DO NOT WRITE IN THIS SPACE

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 28 Zip 29 Country 30

3. Date Incorporated or Qualified 10/09/1984 3a. Date of Last Report 08/02/1996  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 Linda L. Lake C.P.M.  
 82 Street Address (P.O. Box Number is Not Acceptable) US Highway 17 North  
 83  
 84 City Palatka FL 85 Zip Code 32177

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 Linda L. Lake  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	CHADBOURNE, HARLAND A	1.2 NAME	Linda L. Lake C.P.M.
STREET ADDRESS	10321 FORTUNE PKWY., BLDG. 400	1.3 STREET ADDRESS	US Highway 17 North
CITY-ST-ZIP	JACKSONVILLE FL 32258	1.4 CITY-ST-ZIP	Palatka, FL 32177
TITLE	P	2.1 TITLE	President
NAME	ARCHER, PAMELA F	2.2 NAME	Gary R. Brazel, C.P.M.
STREET ADDRESS	617 PONTE VEDRA BLVD.	2.3 STREET ADDRESS	3633 Southside Blvd
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP	Jacksonville, FL 32216-4694
TITLE	DVP	3.1 TITLE	DVP
NAME	LAKE, LINDA L	3.2 NAME	Pennie McGuire, C.P.M.
STREET ADDRESS	P.O. BOX 1577 N/A	3.3 STREET ADDRESS	21 W. Church St
CITY-ST-ZIP	PALATKA FL 32178	3.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	DVP	4.1 TITLE	DVP
NAME	GARLINGHOUSE, DALE L	4.2 NAME	John Dean
STREET ADDRESS	10485 BUSCH DR., NORTH	4.3 STREET ADDRESS	5000 US 1 North
CITY-ST-ZIP	JACKSONVILLE FL 32218	4.4 CITY-ST-ZIP	St. Augustine, FL 32085
TITLE	T	5.1 TITLE	T
NAME	KICHTON, CARYL	5.2 NAME	Tobi Jarvis
STREET ADDRESS	10321 FORTUNE PKWY., BLD. 400	5.3 STREET ADDRESS	21 W. Church St
CITY-ST-ZIP	JACKSONVILLE FL 32258	5.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	S	6.1 TITLE	S
NAME	WEBSTER, KAREN M	6.2 NAME	Debbie Auger
STREET ADDRESS	459 E. 16TH ST.	6.3 STREET ADDRESS	21 W. Church St
CITY-ST-ZIP	JACKSONVILLE FL 32206	6.4 CITY-ST-ZIP	Jacksonville, FL 32202

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Linda L. Lake SIGNATURE REQUIRED

CFR2037 (4/97)