


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90064 023 ****61.25

0004320

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N05564

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

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 10/09/1984	4. FEI Number 59-2500611	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

JARVIS, TOBI
 21 WEST CHURCH ST
 #T-6
 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name Joyce Russell
 82 Street Address (P.O. Box Number is Not Acceptable) 815 S Main St
 83
 84 City Jacksonville FL 85 Zip Code 32207

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: *Joyce Russell* DATE: *March 23, 1999*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAKE, LINDA L. C	
STREET ADDRESS	US HIGHWAY 17 NORTH	
CITY-ST-ZIP	PALATKA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRAZEL, GARY R. C	
STREET ADDRESS	3633 SOUTHSIDE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MCGUIRE, PENNIE C	
STREET ADDRESS	21 W CHURCH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DEAN, JOHN	
STREET ADDRESS	5000 US 1 NORTH	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JARVIS, TOBI	
STREET ADDRESS	21 W CHURCH ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AUGER, DEBBIE	
STREET ADDRESS	21 W CHURCH ST	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brazel, Gary	
1.3 STREET ADDRESS	3633 Southside Blvd	
1.4 CITY-ST-ZIP	Jacksonville, FL	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McGuire, Pennie	
2.3 STREET ADDRESS	21 W Church St	
2.4 CITY-ST-ZIP	Jacksonville, FL	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Russell, Joyce	
3.3 STREET ADDRESS	815 S Main St	
3.4 CITY-ST-ZIP	Jacksonville, FL	
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 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, with all other like empowered.

SIGNATURE: *Joyce Russell* SIGNATURE REQUIRED 3/23/99 904-390-7113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)