2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90051 002 ****70.00

DOCUMENT # N11222

1. Entity Name
GULF COAST ASSOCIATION OF GOVERNMENTAL PURCHASING OFFICERS, INC.

Principal Place of Business	Mailing Address
18500 MURDOCK CIRCLE #344 PORT CHARLOTTE, FL 33948 US	18500 MURDOCK CIRCLE #344 PORT CHARLOTTE, FL 33948 US

01262006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
326 W. Marion Avenue Suite, Apt. #, etc.	326 W. Marion Avenue Suite, Apt. #, etc.
City & State: Punta Gorda, Florida	City & State: Punta Gorda, Florida
Zip: 33950 Country: USA	Zip: 33950 Country: USA

4. FEI Number: 59-2785131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORBETT, KIMBERLY 18500 MURDOCK CIRCLE #344 PORT CHARLOTTE, FL 33948	Name: Jane Dalrymple Street Address (P.O. Box Number is Not Acceptable): 326 West Marion Avenue City: Punta Gorda FL Zip Code: 33950

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LINDBACK, KATHLEEN M 18500 MURDOCK CIR PT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Lindback, Kathleen M. 18500 Murdock Circle, Room 344 Port Charlotte, FL 33948	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BANISH, LYNN 5650 N PORT BLVD NORTH PORT, FL 34287	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LOTTER, ROBERT 2480 THOMPSON ST FORT MYERS, FL 33901	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sheehan, Janet K. P.O. Box 398 Fort Myers, FL 33902	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Armbruster, Patti P.O. Box 398 Fort Myers, FL 33902	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dalrymple, Jane 326 West Marion Avenue Punta Gorda, FL 33950	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen M. Lindback Kathleen Lindback 1/27/06 941-743-1376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #