

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90134 006 ****61.25

DOCUMENT # N11222

1. Entity Name

GULF COAST ASSOCIATION OF GOVERNMENTAL PURCHASING OFFICERS, INC.



Principal Place of Business

**18500 MURDOCK CIRCLE
#344
PORT CHARLOTTE FL 33948
US**

Mailing Address

**18500 MURDOCK CIRCLE
#344
PORT CHARLOTTE FL 33948
US**

33000745



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2785131**

Applied For

Not Applicable

Zip

Country

Zip

Country

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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 **PD** ☒ Delete
NAME **SMITH, CAROLE**
STREET ADDRESS **18500 MURDOCK CIR**
CITY-ST-ZIP **PT CHARLOTTE FL 33948-1094**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **DAY, MARIAN**
STREET ADDRESS **326 W. MARION AVE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **PD** ☒ Change ☐ Addition
NAME **Marian Day**
STREET ADDRESS **326 W. Marion Ave.**
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **T** ☒ Delete
NAME **LESCRYNSKI, ROGER**
STREET ADDRESS **18500 MURDOCK CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **T** ☐ Change ☒ Addition
NAME **Kathleen M. Lindback**
STREET ADDRESS **18500 Murdock Circle**
CITY-ST-ZIP **Port Charlotte, FL 33948**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **Lynn Banish**
STREET ADDRESS **5650 North Port Blvd.**
CITY-ST-ZIP **North Port, FL 34287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 M. Lindback, Treasurer 1/14/03

CR2E037 (10/02)