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Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11766 (5)

1. Corporation Name

FLORIDA ASSOCIATION OF PUBLIC PURCHASING OFFICER
S INC.

Principal Place of Business

Mailing Address

175 W. WARREN AVE.
LONGWOOD FL 32750175 W. WARREN AVE.
LONGWOOD FL 32750-41073. Date Incorporated or Qualified
10/28/19853a. Date of Last Report
10/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2615678Applied For
☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEDFOORD, RHONDA M
175 W. WARREN AVE.
LONGWOOD FL 32750

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: Rhonda M. Ledford, Treasurer

3/20/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PRYOR, CPPO, WALTER A
STREET ADDRESS 115 S. ANDREWS AVE., SUITE 212
CITY - ST - ZIP FT. LAUDERDALE FL 33301TITLE VPD ☐ DELETE
NAME ADAMS, C.P.M., KELLY
STREET ADDRESS 1101 E. FIRST ST.
CITY - ST - ZIP SANFORD FL 32771TITLE SD ☐ DELETE
NAME OLSON, CHERYL
STREET ADDRESS 817 BILL BECK BLVD.
CITY - ST - ZIP KISSIMMEE FL 34744TITLE T ☐ DELETE
NAME LEDFORD, CPM, CPPO, RHONDA
STREET ADDRESS 175 W. WARREN AVE.
CITY - ST - ZIP LONGWOOD FL 32750TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
No changes
until June 1, 1997.2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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 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: Rhonda M. Ledford, Treasurer

3/20/97 (407) 260-3480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013990

CR2E037 (9/96)