

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90341 033 ****61.25

DOCUMENT # N36824

1. Entity Name
**FLORIDA'S INLAND PURCHASING MANAGEMENT
ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 773184
OCALA, FL 34477-3184

Mailing Address

P.O. BOX 773184
OCALA, FL 34477-3184

20048768



03132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2996606

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JAMES E C.P.M
13750 SE 20TH ST
MORRISTON, FL 32668

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, NAOMI POB 1436 SILVER SPRINGS, FL 34489	DAVIS, JAMES 13750 SE 20th St MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD SONIAG, AJ 14562 SW 164TH ST. BROOKER, FL 32622	GOMEZ, NAOMI PO Box 1436 SILVER SPRINGS, FL 34489
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HURLEY, JANE POB 1270 OCALA, FL 32611	DING, FIONA 650 SW 27th AVE Ocala, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD DAVIS, JAMES 100 MECHANIC ST. ARCHER, FL 32618	MCKENNA, DONNA 4010 SE 18th PLACE SUMMERFIELD FL 34991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRY, JIM 701 NW 37TH AVE. OCALA, FL 34478	GRAY, THERESA PO BOX 115250 GAINESVILLE FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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IN THIS SPACE**

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:

Donna McKenna DONNA MCKENNA

4/24/05

352-291-5480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #