

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

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**

DO NOT WRITE IN THIS SPACE



04202006 No Chg-NP

CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, JAMES
STREET ADDRESS	13750 SE 20TH ST
CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	1VPD
NAME	GOMEZ, NAOMI
STREET ADDRESS	P.O. BOX 1436
CITY-ST-ZIP	SILVER SPRINGS, FL 34489
TITLE	2VP
NAME	DING, FLONA
STREET ADDRESS	650 SW 27TH AVE
CITY-ST-ZIP	OCALA, FL 34478
TITLE	TRD
NAME	MCKENNA, DONNA
STREET ADDRESS	4010 SE 138TH PL
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	SD
NAME	GRAY, THERESA
STREET ADDRESS	PO BOX 115250
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000539918
05/09/06-80118-008 61.25

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IN THIS SPACE**

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:

Donna McKenna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/06

352-291-5480