


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N36824 1. Entity Name FLORIDA'S INLAND PURCHASING MANAGEMENT ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 773184 OCALA, FL 34477-3184	Mailing Address P.O. BOX 773184 OCALA, FL 34477-3184
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04302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2996606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, JAMES 13750 SE 20TH ST MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD GOMEZ, NAOMI P.O. BOX 1436 SILVER SPRINGS, FL 34489
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP DING, FLONA 650 SW 27TH AVE OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD MCKENNA, DONNA 4010 SE 138TH PL SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, THERESA PO BOX 115250 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/21/07-80016-012 61.25

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/25/07 Date	352-291-5980 Daytime Phone #
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