2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

					04-30-2008	-	5 ****C1	25
DOCUMENT # N36824 1. Entity Name FLORIDA'S INLAND PURCHASING MANAGEMENT ASSOCIATION, INC.					04-30-2008	90169 02	3 *****61.	.25
Principal Place of Business Mailing Address					, .			
P.O. BOX 773184 P.O. BOX 773184					•			
OCALA, FL 34477-3184 OCALA, FL 34477-			4		60032	702		
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Principal Place of Business - No P.O. Box # 3. No P.O. Box #		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04153009	•			
Julie, Apr. #, etc.		oute, r.p. n, oto.		04152008	Chg-NP	CR2E03	37 (12/06)	
City & State		City & State		4. FEI Num	ber Decoe		<u> </u>	plied For
				59-29	96606			t Applicable
Zip	Country	Zip	Country	5. Certificat	e of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name ar	d Address of New			_
Name				_	K. KELLO		C.P.M.	
13750 SE	MES E C.P.M 20TH ST			WILLIAM ddress (P.O. Box Num			<u> </u>	
	ON, FL 32668			WHIPO	534 TH	race		
				P.O. BOX 614	- Goe man)			
			City	10	AV (FL	Zip Code	- O i
8 The above	named entity submits this statement fo	r the purpose of changing its r	egistered office o	registered agent or h	oth, in the State of	-	1526	and accept
	ions of registered agent	A Compose or changing its t	ografia ed office c	registered agent, or b	oin, in the state of	rionaa, rain	anna win,	and accept
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SIGNATURE .	Signature, typed or printed name of registered agent.			LLOG6 C.P ure required when reinstating)	.mTrea	SURER DATE	4/2	<u>ප</u> ුරු
SIGNATURE .		and the it outcable (NOTE	Registered Agent signa	ure required when reinstating)		DATE	, 4/2	<u>a08</u>
SIGNATURE .	Signature, typed or ornited name of registered agent. Filling Fee is \$61.25 Due by May 1, 2008		Registered Agent signa		Be			
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	Registered Agent signal paign Financing ontribution.	\$5.00 May Added to Fee	Be s FI	DATE Make check orida Depar	tment of St	ate
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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. When the supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: WILL K LOSS C.P.M. - TREASURGE 4) 20 08 548-3322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description Phone +