
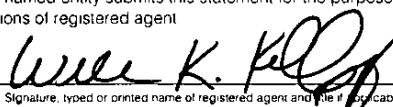
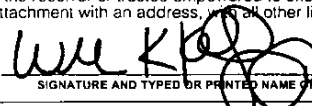


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2008 90169 025 \*\*\*\*61.25

<b>DOCUMENT # N36824</b> 1. Entity Name <b>FLORIDA'S INLAND PURCHASING MANAGEMENT ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 773184 OCALA, FL 34477-3184			Mailing Address P.O. BOX 773184 OCALA, FL 34477-3184		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>59-2996606</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAVIS, JAMES E C.P.M.</b> <b>13750 SE 20TH ST</b> <b>MORRISTON, FL 32668</b>				7. Name and Address of New Registered Agent Name <b>William K. Kellogg c.p.m.</b> Street Address (P.O. Box Number is Not Acceptable) <b>19091 NW 53<sup>rd</sup> TERRACE</b> <b>(P.O. Box 614 - for mail)</b> City <b>ORANGE LAKE, FL</b> Zip Code <b>32681</b>	
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  <b>William K. Kellogg c.p.m. - TREASURER</b> 4/28/08 <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, JAMES 13750 SE 20TH ST MORRISTON, FL 32668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THERESA GRAY P.O. BOX 115250 GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD GOMEZ, NAOMI P.O. BOX 1436 SILVER SPRINGS, FL 34489	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP DING, FLONA 650 SW 27TH AVE OCALA, FL 34478	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 V.P. MIKE ZIMMERMAN 3008 EAST FORT KING ST. OCALA, FL 34470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD MCKENNA, DONNA 4010 SE 138TH PL SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD William K. Kellogg c.p.m. 19091 NW 53 <sup>rd</sup> TERRACE (P.O. BOX 614 - mail) ORANGE LAKE, FL 32681	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, THERESA PO BOX 115250 GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, and all other like empowered.					
SIGNATURE:  <b>William K. Kellogg c.p.m. - TREASURER</b> 4/28/08 548-3322 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**60032702**



04152008 Chg-NP CR2E037 (12/06)

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