

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-26-96

3 2187

C

DOCUMENT # N93000004527 (8)

1. Corporation Name

DISTRICT 1 COMMUNITY HEALTH PURCHASING ALLIANCE,  
INC.



Principal Place of Business

Mailing Address

7282 PLANTATION RD.  
STE. 205  
PENSACOLA FL 32504  
US

7282 PLANTATION RD.  
STE. 205  
PENSACOLA FL 32504  
US

3. Date Incorporated or Qualified  
10/05/1993

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3212897

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUNER, MAXWELL  
160 NE WALKER DR  
MARY ESTHER FL 32569

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VC ☐ DELETE

NAME BARNETT, JAMES O  
STREET ADDRESS P. O. BOX 12710 N/A  
CITY-ST-ZIP PENSACOLA FL

TITLE C ☐ DELETE

NAME BRUNER, MAXWELL J  
STREET ADDRESS P. O. BOX 1845 N/A  
CITY-ST-ZIP DESTIN FL

TITLE D ☐ DELETE

NAME CARTER, THOMAS B  
STREET ADDRESS 4440 BAYOU BLVD.  
CITY-ST-ZIP PENSACOLA FL 32505

TITLE D ☐ DELETE

NAME CIANO, NATALIE S  
STREET ADDRESS 4830 MANOLETE DR  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE S ☐ DELETE

NAME COOK, JEANETTE I  
STREET ADDRESS 7638 N. HWY. 189  
CITY-ST-ZIP BAKER FL

TITLE D ☐ DELETE

NAME GENTRY, CECILIA S  
STREET ADDRESS 8233 LI FAIR DR  
CITY-ST-ZIP PENSACOLA FL 32506

1.1 TITLE

Director

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Treasurer

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

N93000004527

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**PLEASE NOTE THE FOLLOWING CHANGES AND ADDITIONS  
TO DISTRICT 1 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.**

<b>CHANGES</b>	<b>ADDITIONS</b>
<b>THOMAS B. CARTER, <i>TREASURER</i></b> 33 West Garden Street Pensacola, Florida 32501	<b>KATHY COOPER-BERNAL, DIRECTOR</b> 4366 Kensington Road Tallahassee, Florida 32303
<b>SAM GOLDENBERG, <i>VICE CHAIRMAN</i></b> P.O. Box 12158 Pensacola, Florida 32501	<b>EDDIE DAVIS, DIRECTOR</b> P.O. Box 583 Chipley, Florida 32428
	<b>NANCY MICK, DIRECTOR</b> P.O. Box 900 Tallahassee, Florida 32302
	<b>ULMER MILLER, DIRECTOR</b> 440 Morris Road Monticello, Florida 32344
	<b>PAUL NICHOLSON, DIRECTOR</b> 105 S. Duval Quincy, Florida 32351
	<b>JIMMY BARR, DIRECTOR</b> 2305 Highway 77 Panama City, Florida 32405
	<b>HELEN INGRAM, DIRECTOR</b> 904 Second Ct. Panama City, Florida 32401
	<b>KEN STAFFORD, DIRECTOR</b> P.O. Box 5257 Tallahassee, Florida 32314
	<b>FRANK VISCONTI, DIRECTOR</b> 2928 Wellington Circle Suite 201 Tallahassee, Florida 32308
	<b>GLORIA WADDELL, DIRECTOR</b> 1145 Clark Avenue Monticello, Florida 32344
	<b>BRENDA HENDRICKS, DIRECTOR</b> 1001 W. Park Street Parker, Florida 32404