

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004532 (8)**

1. Corporation Name

**DISTRICT 5 COMMUNITY HEALTH PURCHASING ALLIANCE, INC.**

Principal Place of Business

Mailing Address

PAMELA J LEAGUE, ED  
2240 BELLEAIR RD #180  
CLEARWATER FL 34624  
US

PAMELA J LEAGUE, ED  
2240 BELLEAIR RD #180  
CLEARWATER FL 34624  
US

3. Date Incorporated or Qualified

**10/05/1993**

4. FEI Number

**59-3216600**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **33764**

25

29 **33764**

30

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, HAROLD D  
AGENCY FOR HEALTH CARE ADMINISTRATION  
325 JOHN KNOX RD., SUITE 301, THE ATRIUM  
TALLAHASSEE FL 32303

81 Name

**Pamela J. League**

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

**2240 Belleair Rd, #180**

83

84 City

**Clearwater**

**FL**

85 Zip Code

**33764**

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

*Pamela J. League*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-6-98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ST REES, JOAN**  
STREET ADDRESS **5242 MAIN ST**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☒ DELETE

NAME **MD GIBLIN, CHRIS H**  
STREET ADDRESS **925 31ST TERRACE NE**  
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE

NAME **D JANE THUERK, TECH DATA**  
STREET ADDRESS **5350 TECH DATA DRIVE**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **D WALLY SAVAGE, WEST PASCO CHA**  
STREET ADDRESS **5443 MAIN ST.**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **D KENNETH J. SWANN**  
STREET ADDRESS **7623 LITTLE RD., SUITE 100B**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **D CRANE, DONALD J**  
STREET ADDRESS **4020-12TH ST NO.**  
CITY-ST-ZIP **ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME **Carol Rooney-Freeman**  
STREET ADDRESS **6924 Dunnette Avenue, North**  
CITY-ST-ZIP **St. Petersburg, FL 33709**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

NAME **Wally Savage**  
STREET ADDRESS **8408 Damen Lane**  
CITY-ST-ZIP **Port Richey, FL 34668**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

NAME **1 Progress Plaza, Suite 280**  
STREET ADDRESS **St. Petersburg, FL 33701**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Pamela J. League*

**1-6-98**

**813-535-0000**

CR2E037 (10/97)