

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90106 005 ****70.00

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1. Corporation Name

DISTRICT 5 COMMUNITY HEALTH PURCHASING ALLIANCE,
INC.

Principal Place of Business

PAMELA J LEAGUE, ED
2240 BELLEAIR RD #180
CLEARWATER FL 33764
US

Mailing Address

PAMELA J LEAGUE, ED
2240 BELLEAIR RD #180
CLEARWATER FL 33764
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/05/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3216600

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEAGUE, PAMELA J
2240 BELLEAIR RD, #180
CLEARWATER FL 33764

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: Pamela J League
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED
	ST REES, JOAN	5242 MAIN ST	NEW PORT RICHEY FL	<input type="checkbox"/>
	C			<input type="checkbox"/>
	FREEMAN, CAROL R	6924 DUNNETTE AVE N	ST PETERSBURG FL 33709	<input type="checkbox"/>
	D			<input type="checkbox"/>
	JANE THUERK, TECH DATA	5350 TECH DATA DRIVE	CLEARWATER FL	<input type="checkbox"/>
	D			<input type="checkbox"/>
	WALLY, SAVAGE	8408 DAMEN LANE	NEW PORT RICHEY FL 34668	<input type="checkbox"/>
	D			<input type="checkbox"/>
	KENNETH J. SWANN	7623 LITTLE RD., SUITE 100B	NEW PORT RICHEY FL	<input type="checkbox"/>
	D			<input type="checkbox"/>
	CRANE, DONALD J	1 PROGRESS PLAZA STE 280	ST. PETERSBURG FL 33701	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP
								<input checked="" type="checkbox"/>	Jane Thuerk	Vision 21, 7360 Bryan Dairy Rd.	Largo, FL 33777	<input checked="" type="checkbox"/>	Wally Savage	The Salvation Army-P.O. Box 270848	Tampa, FL 33688-0848					<input checked="" type="checkbox"/>	Donald J. Crane	Floridians for Better Transportation	P.O. Box 26, St. Petersburg, FL 33731

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, with all other like empowered.

SIGNATURE:

Pamela J League
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 727-535-0000

CR2E037 (11/98)