

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004745

FILED
Jan 05, 2005
Secretary of State

Entity Name: TALLAHASSEE AREA CHAPTER OF THE NATIONAL INSTITUTE OF GOVERNMENTAL PURCHASING INC.

Current Principal Place of Business:

PO BOX 922
TALLAHASSEE, FL 323020922

New Principal Place of Business:

Current Mailing Address:

PO BOX 922
TALLAHASSEE, FL 323020922

New Mailing Address:

FEI Number: 31-1578267 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOBIN, DON
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLEN, VONNIE
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 32302

Title: V () Delete
Name: MIXON, RHONDA
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 323020922

Title: T () Delete
Name: TOBIN, DON
Address: 2284 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: SONYA, AVANT
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: ROGERS, CLARK
Address: 790 BLUEBERRY DR
City-St-Zip: GRAND RIDGE, FL 32442

Title: D () Delete
Name: MCCOURM, CAROL
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUTHMAN, ROSS
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 32302

Title: V (X) Change () Addition
Name: POTLOCK, STU
Address: PO BOX 922
City-St-Zip: TALLAHASSEE, FL 323020922

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON TOBIN

T

01/05/2005

Electronic Signature of Signing Officer or Director

Date