

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90075 047 ****61.25

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1. Entity Name

**TALLAHASSEE AREA CHAPTER OF THE NATIONAL
INSTITUTE OF GOVERNMENTAL PURCHASING INC.**



Principal Place of Business

Mailing Address

**PO BOX 922
TALLAHASSEE FL 32302-0922**

**PO BOX 922
TALLAHASSEE FL 32302-0922**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1578267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOBIN, DON
2284 MICCOSUKEE RD
TALLAHASSEE FL 32308**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JANET GARRISON <input checked="" type="checkbox"/> Delete RUTHMAN, ROSS PO BOX 922 TALLAHASSEE FL 32302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input checked="" type="checkbox"/> Delete POTLOCK, STU PO BOX 922 TALLAHASSEE FL 32302-0922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete TOBIN, DON 2284 MICCOSUKEE RD TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Delete SONYA, AVANT PO BOX 922 TALLAHASSEE FL 32302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ROGERS, CLARK 790 BLUEBERRY DR GRAND RIDGE FL 32442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete MCCOURM, CAROL PO BOX 922 TALLAHASSEE FL 32302

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JANET GARRISON PO BOX 922 TALLAHASSEE FL 32302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVE UPDIKE PO BOX 922 TALLAHASSEE FL 32302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JESSIE MOSLEY PO BOX 922 TALLAHASSEE FL 32302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WILLIAM SPENCER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 922 TALLAHASSEE FL 32302
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, with all other like empowered.

SIGNATURE:

1/24/06 606-1600