2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/12/2008-90025-032-$61.25-$61.25

DOCUMENT # N99000005049

1. Entity Name

TAMPA BAY AREA CHAPTER OF NATIONAL INSTITUTE OF GOVERNMENTAL PURCHASERS, INC.

FILED
08 SEP 17 PM 4:58
SECRETARY OF STATE

2nd MOORE CR2E037 (4/08)

Principal Place of Business	Mailing Address
20430 GATOR LANE LAND O' LAKES FL 34638 US	20430 GATOR LANE LAND O' LAKES FL 33638 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4702 LAKE CHARLES DR NO	4702 LAKE CHARLES DR NO
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KENNETH CITY FL	City & State: KENNETH CITY FL
Zip: 33709 Country: US	Zip: 33709 Country: US

4. FEI Number: 59-2732856 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, LAURIE M 20430 GATOR LANE LAND O' LAKES FL 34638	Name: TIMOTHY L. SHOBY Street Address (P.O. Box Number is Not Acceptable): 4702 LAKE CHARLES DR NO City: KENNETH CITY FL Zip Code: 33709

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: Timothy L. Shoby 8-4-08
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 September 3, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WAGNER, PATRICIA 100 STATE STREET WEST OLDSMAR FL 34677	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BALCOMBE, LINDA 11111 SOUTH BELCHER DRIVE LARGO FL 33773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT (PD)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBERTS, LAURIE M 20430 GATOR LANE LAND O' LAKES FL 34638	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY (SD)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BEAUPRE', DONNA 324 EAST PINE STREET TARPON SPRINGS FL 34688	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT (VD)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER (TD) TIMOTHY L. SHOBY 4702 LAKE CHARLES DR NO KENNETH CITY FL 33709	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Linda Balcombe 9/12/08 727-588-6179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/17 cw