

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032096

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** FLORIDA INDEPENDENT PURCHASING ALLIANCE, INC.

**Current Principal Place of Business:**

119 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10969  
TALLAHASSEE, FL 323022969

**New Mailing Address:**

**FEI Number:** 59-3311009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHEFF, JANETTE M  
119 EAST PARK AVE  
TALLAHASSEE, FL 32301 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: ZAHN, BRAD  
Address: 2170 S. MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ED ( ) Delete  
Name: SCHEFF, JANETTE M  
Address: 119 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: LANKFORD, CHERYL  
Address: 220 E. NEW YORK AVE.  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: PREVATT, CLARENCE JR  
Address: 770 SR 52  
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete  
Name: WEISS, JACOB  
Address: 202 E. BOYNTON BECH RD.  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete  
Name: WILLIAMS, ROBIN  
Address: 3530 49TH ST. N  
City-St-Zip: SAINT PETERSBURG, FL 337102150

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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 exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JAN SCHEFF

ED

03/24/2009

Electronic Signature of Signing Officer or Director

Date