

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 06, 2004  
Secretary of State**

DOCUMENT# N13171

Entity Name: THE NATIONAL MACINTOSH COMPUTER SOCIETY, INC.

**Current Principal Place of Business:**

C/O GLUM 5434 GRAND PALM CIR.  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

C/O BLUM 5434 GRAND PALM CIR.  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

C/O GLUM 5434 GRAND PALM CIR.  
DELRAY BEACH, FL 33484

**New Mailing Address:**

C/O BLUM 5434 GRAND PALM CIR.  
DELRAY BEACH, FL 33484

FEI Number: 65-0023987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BLUM, PETER H  
5434 GRAND PALM CIR.  
DELRAY BEACH, FL 33484      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: PD      ( ) Delete  
Name: BLUH, H. PETER  
Address: 5434 GRAND PALM CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: DV      ( ) Delete  
Name: SANZARE, JEFFREY  
Address: 8339 BOCA RIO DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: SD      ( ) Delete  
Name: KLEIN, BARBARA  
Address: 3056 S OAKLAND FOREST DR #2305  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: TD      ( ) Delete  
Name: STRUM, MICHAEL  
Address: 1150 CROTON STREET  
City-St-Zip: WESTON, FL 333272040

**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:

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: H. PETER BLUM

PRES

02/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date