## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1997

**DOCUMENT #** 

N27786

(5)

| 1. Corporation                             | n Name           |   |   |   | ` '                       |                        |                  |  |  |  |                   |                       |   |  |
|--|------------------|---|---|---|---------------------------|------------------------|------------------|--|--|--|-------------------|-----------------------|---|--|
| TREASURE COAST MACINTOSH USERS GROUP, INC. |                  |   |   |   |                           |                        |                  |  |  |  |                   |                       |   |  |
| ····                                       |                  | ***************************************   |   |   |                           |                        |                  |  |  |  |                   |                       |   |  |
| Principal Place                            | ss               |   | M                                       | lailing Address                         |                           |                        | Ì                | t immeliat Alm temes butte amus i amus i | (W M (F) W) W ( (  | 0 FB   1 B | II BLAK GIBN 1841 |                       |   |  |
| CHAMBER OF<br>KANNER HWY                   | CE               |   | S                                       | .O. BOX 2718<br>TUART FL 34995-2718     |                           |                        |                  |  |  |  |                   |                       |   |  |
| STUART FL 34                               | 994              |   |   | U                                       | 18                        |                        |                  |  | 3. Date incorporated or Qualified 08/08/1988   | 3a. D  | 03/26/            | Report<br><b>1996</b> |   |  |
| 2. Principal P                             |                  | _   | - Mar                                   | tin 28                                  | Mailing Address           |                        |                  |  | 4. FEI Number  | <del></del>  |                   | Applied For           | ]   |  |
|  |                  | or  | EL- coun                                | 7 26                                    | 0.4. 4.4                  |                        |                  |  | 65-0072599   |  |                   | Vot Applicable        | <u>,                                     </u> |  |
| Suite, Apt<br>22 2614                      | 5E 1             | DIKI                                      | e Huy                                   | 27                                      |                           |                        |                  |  | 5. Certificate of Status Desired S8.75 Additional Fee Required                                   |  |                   |                       |   |  |
| City & State                               | art              | FL  | FL '                                    |   | City & State              |                        |                  |  | 6. Election Campaign Financing Trust Fund Contribution   |  |                   | May Be                |   |  |
|  |                  | Country                                   |   | <b>28</b> ] Zip                         |                           | Country                |                  |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No |  |                   |                       | 4   |  |
| <sub>24</sub> 3499                         | 6                | 25  | USA                                     | 29                                      |                           | 30                     |                  |  |  |  |                   |                       |   |  |
|  | 9. Name          | and A                                     | ddress of Curr                          | ent Regi                                | stered Agent              |                        |                  |  | 10. Name and Address of New F  | ogistered  | Agent             |                       |   |  |
|  |                  |   |   |   |                           | 81                     | Name             |  |  |  |                   |                       |   |  |
|  | E, CHRIS         |   |   |   |                           | 82                     | Street.          | Addres                                   | ss (P.O. Box Number is Not Accepta   | ıble)  |                   |                       | 7   |  |
| 18 FIEL                                    |                  |   |   | 83                                      | 83                        |                        |                  |  |  | ····   | $\dashv$          |                       |   |  |
| STUAK                                      | FL 34996         | ,   |   |   |                           |                        |                  |  |  |  |                   |                       | _   |  |
|  |                  |   |   |   |                           | 64                     | City             |  |  | FL   | _   `             | p Code                |   |  |
| 11. Pursuant                               | to the provis    | sions o                                   | Sections 617.0                          | 502 and 6                               | 617.1508, Florida Statuti | es, the above          | e-named          | corpo                                    | ration submits this statement for the<br>n's board of directors. I hereby acc                    | purpose (  | of changing       | its registered        | 7   |  |
| agent. I a                                 | m familiar w     | ith.                                      | accept the obl                          | igations o                              | of, Section 617,0503, Flo | orida Statute          | y the corp<br>S. | JOIATIO                                  | in a board of offectors, I hereby acc  | арсине ар  | ропиленс          | is registered         | İ   |  |
| SIGNATURE                                  |                  | lu  |   | ru                                      | e- Cres                   |                        | <del></del>      |  |  | 1/6/   | 97                |                       | l   |  |
| 12.  | Signature, typed | d or printe                               | OFFICERS A                              |   |                           | 13.                    | ent signature    | required                                 | when reinstating)  ADDITIONS/CHANGES TO OFF  | ICERS AN   | D DIRECTO         | DRS IN 12             | d@  |  |
| TITLE                                      | D                |   |   | *************************************** | DELETE                    | 1.1 TITLE              | D                | PR                                       | OCISE CHRIS  |  | Change            |                       | 96  |  |
| NAME                                       | PROCK            | SE, CI                                    | HRIS                                    |   |                           | 1.2 NAME               |                  | 18                                       | FIELDWAY DR<br>JART FL 34996   |  |                   |                       |   |  |
| STREET ADDRESS                             | P.O. B           |   | 18 N/A                                  |   |                           | 1.3 STREET             | ADDRESS          | 30                                       | 34995-27/2   | <b>5</b>   |                   |                       | CR2E037                                       |  |
| CITY-ST-ZIP                                | STUAR            | IT FL                                     |   |   | EZ 051575                 | 1.4 CITY-S             | ST-ZIP           |  |  | · · · · · · · · · · · · · · · · · · ·  | <b>V</b> 0        |                       | 닉었  |  |
| TITLE                                      | D                | ·ADD                                      | MANICV                                  |   | DELETE                    | 2.1 TITLE              |                  | V  | vane Sample  |  | <b>X</b> Chang    |                       | ١٢  |  |
| NAME<br>STREET ADDRESS                     | 73 N. F          |   | NANCY<br>ROAD                           |   |                           | 2.2 NAME<br>2.3 STREET | *ADDRESS         | ,  | 1296 SE POINT O  | WOOD   | 5 CT              | •                     | 1   |  |
| CITY-ST-ZIP                                | STUAR            |   | 110/10                                  |   |                           | 2.4 CITY-              |                  |  | OBE SOUND FL   |  | 55 - 7            | 639                   | 1   |  |
| TITLE                                      | D                | <u> –                                </u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | DELETE                    | 3.1 TITLE              | D                | PR                                       | OCISE, MICHAEL   |  | ☐ Change          | Addition              | 7   |  |
| NAME                                       |                  | - •                                       | CHAEL                                   |   |                           | 3.2 NAME               |                  | 18                                       | FIELDWAY DR<br>VARTEL 34996  |  |                   |                       |   |  |
| STREET ADDRESS                             | P.O. B           |   |   |   |                           | 3.3 STREET             |                  | >11                                      | 34958-017  | 4  |                   |                       |   |  |
| DITY-ST-ZIP                                | JENSE            | N BEA                                     | ICH FL                                  |   | DELETE                    | 3.4. CITY -            | ST-ZIP           | 724                                      | PSCTOR   |  | Chang             | e Addition            |   |  |
| TITLE<br>NAME                              | D                | 'AWS                                      | (Y, DOTTIE                              |   | DELCTE.                   | 4.1 TITLE<br>4. 2 NAME |                  | 6  | HARON DEBUS  | _  | 2/1 - A.L         | In Po Box             |   |  |
| STREET ADDRESS                             |                  |   | AN AVE                                  |   |                           |                        | ADDRESS          | 5  | 0 804 1054   | 7  | gar-any           | has Po Boraddi        | idaa  |  |
| CITY-ST-ZIP                                |                  |   | FL 34982                                |   |                           | 4.4 CITY - 5           |                  | 12                                       | ORT PIERCE P   | レョ   | ¥95               | 1                     | 1   |  |
| TITLE                                      | D                |   |   |   | <b>∑</b> DELETE           | 5.1 TITLE              |                  | D  | PECTAP   |  | Chang             | a Addition            | 7   |  |
| NAME                                       | SMITH,           |   |   |   |                           | 5.2 NAME               |                  | D  | OROTHY OPFER   |  |                   |                       |   |  |
| STREET ADDRESS                             | 30 SIM           |   |   |   |                           |                        | ADDRESS          | 7  | DY NW SAN RE   | $mo_{-}$   | - IR              | 801                   |   |  |
| CITY - ST - ZIP                            | STUAR            | (I FL                                     | 5499 <del>0</del>                       |   | DELETE                    | 5.4 CITY - 5           | ST-ZIP           | Po                                       | ORT SAINT LUCI   | L PL   | Chang             |                       | ,-  |  |
| TITLE<br>Name                              |                  |   |   |   | □ DECEIE                  | 6.1 TITLE<br>6.2 NAME  |                  |  |  |  | LJ Ullarly        | · LI MUNICUI          | `   |  |
| STREET ADDRESS                             |                  |   |   |   |                           |                        | T ADDRESS        |  |  |  |                   |                       |   |  |
| CITY-S1-ZIP                                |                  |   |   |   |                           | 6.4 CITY-5             |                  |  |  |  |                   |                       |   |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 283-5646

**FILED** 

Feb 28 1997 8:00am

Secretary of State