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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27786** **(5)**

1. Corporation Name
TREASURE COAST MACINTOSH USERS GROUP, INC.

Principal Place of Business	Mailing Address
UNIVERSITY OF EL-COUNTY 2614 SE DIXIE HWY STUART FL 34996 US	P.O. BOX 2718 STUART FL 34995-2718 US

3. Date Incorporated or Qualified: 08/08/1988

4. FEI Number: 65-0072599 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 ALL SAINTS EPISC. CHURCH	26
22 Suite, Apt. #, etc. 2303 NE Seaview Dr	27 Suite, Apt. #, etc.
23 City & State Jensen Beach FL	28 City & State
24 Zip 34957 25 Country USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

PROCISE, CHRIS
18 FIELDWAY DR
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name DUANE SAMPLE
82 Street Address (P.O. Box Number is Not Acceptable) 13296 SE POINT O WOODS CT
83
84 City HOBE SOUND FL 85 Zip Code 33455

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Duane Sample 3/18/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PROCISE, CHRIS P.O. BOX 2718 N/A STUART FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D CHRIS PROCISE 18 FIELDWAY DR STUART FL 34996	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUANE SAMPLE 13296 SE POINT O WOODS CT. MOBE SOUND FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	 HOBE SOUND FL 33455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PROCISE, MICHAEL P.O. BOX 174 JENSEN BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARON DEBUS PO BOX 1054 FT. PIERCE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D DOROTHY WHARTON 3511 SE FAIRWAY WEST STUART FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOROTHY OPFER 707 NW SAN REMO CIR. PORT SAINT LUCIE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PROCISE CHRIS 18 FIELDWAY DR. STUART FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. I 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: Duane Sample 3/3/98 561546-4072