

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27786

FILED
Mar 12, 2009
Secretary of State

Entity Name: TREASURE COAST MACINTOSH USERS GROUP, INC.

Current Principal Place of Business:

1819 SW WILLOWBEND LANE
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

1819 SW WILLOWBEND LANE
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 65-0072599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHARTON, DOROTHY T
3511 S.E. FAIRWAY WEST
STUART, FL 34997 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: KILBRIDE, CHRIS
Address: 1819 SW WILLOWBEND LANE
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: WEINBERG, MARK
Address: 5803 BALSAM DRIVE
City-St-Zip: FT. PIERCE, FL 34982

Title: S () Delete
Name: FINNERTY, KATHY
Address: 1292 MADISON AVENUE
City-St-Zip: STUART, FL 34996

Title: T () Delete
Name: WHARTON, DOROTHY
Address: 3511 SE FAIRWAY WEST
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: STOUT, THOMAS
Address: 2305 SW OLYMPIC CLUB TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: ULRICH, FRED
Address: 2950 S.E. OCEAN BLVD., A
City-St-Zip: STUART, FL 34996

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

SIGNATURE: DOROTHY T. WHARTON

TREA

03/12/2009

Electronic Signature of Signing Officer or Director

Date