

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002986

FILED
Jan 02, 2007
Secretary of State

Entity Name: GREATER TAMPA BAY PC USER GROUP, INC.

Current Principal Place of Business:

1101 VICTORIA STREET
ROOM 129
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 501
BRANDON, FL 335090501

New Mailing Address:

P.O. BOX 501
BRANDON, FL 33509

FEI Number: 59-3654227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, CHARLOTTE B
1907 SHANNONWOOD CT
BRANDON, FL 33510 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: O () Delete
Name: MCMULLEN, WILLIAM (BILL)
Address: P.O. BOX 1454
City-St-Zip: LAND-O-LAKES, FL 34639

Title: O () Delete
Name: BRAUNER, JOANN
Address: 8403 EAST 27TH AVENUE
City-St-Zip: TAMPA, FL 33619

Title: O () Delete
Name: PARKER, MONROE
Address: 1625 STORINGTON AVENUE
City-St-Zip: BRANDON, FL 33511

Title: O () Delete
Name: HOWARD, CHARLOTTE B
Address: 1907 SHANNONWOOD CT
City-St-Zip: BRANDON, FL 33510

Title: O () Delete
Name: STUART, PEGGY
Address: 1523 SUNNYHILLS DRIVE
City-St-Zip: BRANDON, FL 33510

Title: O () Delete
Name: MAGEDANZ, MYRON
Address: 4005 ORANGEFIELD PL
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: BRAUNER, JO ANN
Address: 8403 EAST 27TH AVENUE
City-St-Zip: TAMPA, FL 33619

Title: O (X) Change () Addition
Name: MILLER, AL
Address: 2966 FOREST CIRCLE
City-St-Zip: SEFFNER, FL 33584

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: FOECKING, SHERRY
Address: P.O. BOX 164
City-St-Zip: DURANT, FL 33530

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 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: CHARLOTTE B. HOWARD

TRES

01/02/2007

Electronic Signature of Signing Officer or Director

Date