

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90045 021 ****61.25

DOCUMENT # N00000002298 1. Entity Name LAKE HENRY COMPUTER USER GROUP, INC.					
Principal Place of Business 1 MARINA DR. WINTER HAVEN, FL 33881			Mailing Address PO BOX 223 LAKE ALFRED, FL 33885-0223		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 3572			
Suite, Apt. #, etc.		Suite, Apt. #, etc. WINTER HAVEN, FL			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3649606	
33885-3572	USA	33885-3572	USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUREAU, MARCEL 76 GREENVIEW DRIVE WINTER HAVEN, FL 33881				7. Name and Address of New Registered Agent Name DONALD WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 1068 EAGLE DR. City WINTER HAVEN FL Zip Code 33881	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Don Williams</i></u> DATE <u>4/2/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLER, JOYCE E 51 GREENVIEW DR WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REANEY, DARYL 605 CENTURY DR WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAMBERS, RENA 139 GREENVIEW DR. WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DON WILLIAMS 1068 EAGLE DR WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAMBERLAIN, MERLE 1002 EAGLE DR. WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMBERS, RENA 139 GREENVIEW DR WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRESLAR, ROY 590 CENTURY DRIVE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PENNER, CAROL 1019 EAGLE DR WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DON 1068 EAGLE DR. WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COSTELLO, CAROL 76 BERN DR. WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELLO, CAROL 76 BERN DR. WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAMBERS, RENA 139 GREENVIEW DR WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Rena Chambers</u> <u>Rena Chambers</u> <u>4/02/08</u> <u>863-401-9134</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					