2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002298

FILED Mar 01, 2009 Secretary of State

Entity Name: LAKE HENRY COMPUTER USER GROUP, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
1 MARINA WINTER H	.DR. HAVEN, FL 33881 US	
Current M	lailing Address:	New Mailing Address:
PO BOX 3: WINTER H	572 HAVEN, FL 338853572 US	
FEI Number:	: 59-3649606 FEI Number Applied For () F	El Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
1068 EAGI	, DONALD LE DR HAVEN, FL 33881 US	
	named entity submits this statement for the purple of Florida.	ose of changing its registered office or registered agent, or both,
SIGNATUF		
	Electronic Signature of Registered Agent	Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () Delete REANEY, DARYL 605 CENTURY DRIVE WINTER HAVEN, FL 33881	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete WILLIAMS, DON 1068 EAGLE DRIVE WINTER HAVEN, FL 33881	Title: P (X) Change () Addition Name: WILLIAMS, DON Address: 1068 EAGLE DRIVE City-St-Zip: WINTER HAVEN, FL 33881
Title: Name: Address: City-St-Zip:	S () Delete CHAMBERLAIN, MERLE 1002 EAGLE DR. WINTER HAVEN, FL 33881	Title: S (X) Change () Addition Name: BURDA, WAVEAN Address: 1003 EAGLE DR. City-St-Zip: WINTER HAVEN, FL 33881
Title: Name: Address: City-St-Zip:	T () Delete CHAMBERS, RENA 139 GREENVIEW DRIVE WINTER HAVEN, FL 33881	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete PENNER, CAROL 1019 EAGLE DRIVE WINTER HAVEN, FL 33881	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete COSTELLO, CAROL 76 BERN DR. WINTER HAVEN, FL 33881	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: RENA T. CHAMBERS T 03/01/2009