2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2004
Secretary of State

DOCUMENT# N00000003877

Entity Name: SOUTHERN HTE USER'S GROUP, INC.

Current Principal Place of Business:

100 NORTH U.S. 1
FORT PIERCE, FL 34954

New Principal Place of Business:

Current Mailing Address:

5710 PALMETTO DRIVE
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 65-1022905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ROESNER, CARA
Address: 401 PARK AVE., SOUT
City-St-Zip: WINTER PARK, FL 327894386

Title: PE ( ) Delete
Name: MAY, WILLIAM T
Address: 121 S.W. PORT ST. LUCIE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T ( ) Delete
Name: NEUMAN, CHARLENE S
Address: P.O. BOX 3226-100 N US #1
City-St-Zip: FORT PIERCE, FL 349483226

Title: SD ( ) Delete
Name: ROESNER, CARA
Address: 401 PARK AVE SOUTH
City-St-Zip: WINTER PARK, FL 327894386

Title: PP ( ) Delete
Name: BATTEN, CHRISTINE M
Address: P.O. BOX 1687
City-St-Zip: LAKE CITY, FL 32056

Title: SD ( ) Delete
Name: MANSFIELD, TAMI
Address: 368 S. COMMERCE AVE.
City-St-Zip: SEBRING, FL 33870

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 for the exemption stated in Section 119.07(3)(i), 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: CHARLENE NEUMAN T 07/05/2004

Electronic Signature of Signing Officer or Director — Date