


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90015 039 ****61.25

DOCUMENT # N00000003877 1. Entity Name SOUTHERN HTE USER'S GROUP, INC.					
Principal Place of Business 100 NORTH U.S. 1 FORT PIERCE FL 34954			Mailing Address 5710 PALMETTO DRIVE FORT PIERCE FL 34982		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4920 CA Pickard Rd Suite, Apt. #, etc.			
City & State Zip		City & State Meridian, MS Zip 39301		4. FEI Number 65-1022905	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	PP ROESNER, CARA 401 PARK AVE., SOUT WINTER PARK FL 32789-4386	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sharon Allen 4920 CA Pickard Rd. Meridian, MS 39301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, WILLIAM T 121 S.W. PORT ST. LUCIE BLVD. PORT SAINT LUCIE FL 34984	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bridget Wiley 571 US Hwy 90 E. DeFuniak Springs, FL 32433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEUMAN, CHARLENE S P.O. BOX 3226-100 N US #1 FORT PIERCE FL 34948-3226	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member at large Nancy Millay City of Gulf Breeze P.O. Box 640 Gulf Breeze, FL 32562	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARPER, JOHN 6695 CHURCH STREET DOUGLAS GA 30143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Advisory member Kevin Evans 205 Lawrence St. City of Marietta, GA 30060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE FINDLEY, JOHN P. O. BOX 390 OPELIKA AL 36803-0390	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Advisory member Charlotte Luikart 2285 minton Rd. West Melbourne, FL 32904-4928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ML CARKHUFF, JACKIE P. O. BOX 277 ORMOND BEACH, FL 32175-0277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Findley (President) Jackie Carkhuff (President Elect)	<input checked="" 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 Section 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: Sharon Allen 2/16/06 601-485-1847