

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003877

FILED
Apr 23, 2009
Secretary of State

Entity Name: SOUTHERN SUNGARD PUBLIC SECTOR USERS' GROUP ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

4920 CA PICKARD RD
MERIDIAN, MS 39301

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: S () Delete
Name: LAMBERT, THOMAS
Address: 1070 SHORELINE DR
City-St-Zip: GULF BREEZE, FL 32561

Title: PE () Delete
Name: HUMPHREY, HARRIET
Address: 1804 LEWIS TURNER BLVD. SUITE 300
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: P () Delete
Name: MILLAY, NANCY
Address: 1070 SHORELINE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: T () Delete
Name: ALLEN, SHARON
Address: 4920 CA PICKARD RD
City-St-Zip: MERIDIAN, MS 39301

Title: MAL () Delete
Name: JORDAN, DARLENE
Address: 400 ALEXANDRIA BLVD
City-St-Zip: OVIDEO, FL 37765

Title: PP () Delete
Name: CARKHUFF, JACKIE
Address: P. O. BOX 277
City-St-Zip: ORMOND BEACH, FL 321750277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MAL (X) Change () Addition
Name: LAMBERT, THOMAS
Address: 1070 SHORELINE DR
City-St-Zip: GULF BREEZE, FL 32561

Title: P (X) Change () Addition
Name: HUMPHREY, HARRIET
Address: 1804 LEWIS TURNER BLVD. SUITE 300
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PP (X) Change () Addition
Name: MILLAY, NANCY
Address: 1070 SHORELINE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

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

Title: S (X) Change () Addition
Name: WARD, ANNA
Address: 100 NORTH US, P O BOX 1480
City-St-Zip: FORT PIERCE, FL 34954

Title: PE (X) Change () Addition
Name: THORNTON, MIKE
Address: P. O. BOX 490630
City-St-Zip: LEESBURG, FL 34749

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: SHARON ALLEN

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date