

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003877

FILED
Mar 31, 2010
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: PE
Name: LAMBERT, THOMAS
Address: 1070 SHORELINE DR
City-St-Zip: GULF BREEZE, FL 32561

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

Title: P
Name: THORNTON, MIKE
Address: P O BOX 490630
City-St-Zip: LEESBURG, FL 34749

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

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

Title: MAL
Name: HUHTA, NED
Address: 22 S BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: SHARON ALLEN, TREASURER

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03/31/2010

Electronic Signature of Signing Officer or Director

Date