## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007727

Entity Name: SOUTH CENTRAL HTE USER'S GROUP, INC.

FILED Mar 22, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 411 WEST 8TH STREET ODESSA, TX 79761 **Current Mailing Address: New Mailing Address:** PO BOX 4398 ODESSA, TX 79760 FEI Number: 75-2917660 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete PPD (X) Change ( ) Addition SANDERS, DORIS PORTER, JILL Name: Name: PO BOX 1049 Address: 3849 CARTWRIGHT ROAD Address: City-St-Zip: GREENVILLE, TX 754031049 City-St-Zip: MISSOURI CITY, TX 77459 Title: PD () Delete Title: (X) Change ( ) Addition SISSION, STEPHANIE Name: SISSION, STEPHANIE Name: Address: 1522 TEXAS PARKWAY Address: 1522 TEXAS PARKWAY City-St-Zip: MISSOURI CITY, TX 77459 City-St-Zip: MISSOURI CITY, TX 77459 Title: PED () Delete Title: PD (X) Change ( ) Addition REILEY, RENO W REILEY, RENO W Name: Name: 205 N. RIVER ST Address: 205 N. RIVER ST Address: City-St-Zip: SEGUIN, TX 78155 City-St-Zip: SEGUIN, TX 78155 Title: TD ( ) Delete Title: () Change () Addition Name: ZENTNER, JAMES Name: Address: PO BOX 4398 Address: City-St-Zip: ODESSA, TX 79760 City-St-Zip: Title: ( ) Delete Title: PED (X) Change ( ) Addition JONES, GEOFF JONES, GEOFF Name: Name: 303 EAST 3RD STREET 303 EAST 3RD STREET Address: Address: JOPLIN, MO 64801 JOPLIN, MO 64801 City-St-Zip: 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: JAMES ZENTNER TD 03/22/2004