

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02976

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: PINELLAS IBM-PC USERS GROUP, INC.

## Current Principal Place of Business:

1510 BARRY ROAD  
SUITE I  
CLEARWATER, FL 337564427 US

## Current Mailing Address:

1510 BARRY ROAD  
SUITE I  
CLEARWATER, FL 337564427 US

## New Principal Place of Business:

1510 BARRY ROAD  
SUITE K  
CLEARWATER, FL 337564427 US

## New Mailing Address:

1510 BARRY ROAD  
SUITE K  
CLEARWATER, FL 337564427 US

FEI Number: 59-2417272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, MILDRED N  
29250 US HWY 19N #174  
CLEARWATER, FL 33761 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: P/D ( ) Delete  
Name: DOCKERY, DAVID P  
Address: 120 OVERSTREET CT  
City-St-Zip: PALM HARBOR, FL 34683

Title: VP/D (X) Delete  
Name: VROMAN, CHARLES H  
Address: 4056 BRIDGEPORT DR  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T/D ( ) Delete  
Name: JONES, MILDRED N  
Address: 29250 US HWY 19 N #174  
City-St-Zip: CLEARWATER, FL 337612112

Title: D ( ) Delete  
Name: GOHEEN, VERN  
Address: 19135 US HWY 19 N #G-7  
City-St-Zip: CLEARWATER, FL 337643252

Title: S/D ( ) Delete  
Name: ROBERTSON, LYNNE  
Address: 19029 US HWY 19 N #22-E  
City-St-Zip: CLEARWATER, FL 33764

Title: D (X) Delete  
Name: FLINTON, DON  
Address: 1015 13TH AVE NW  
City-St-Zip: LARGO, FL 33770

## 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 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: MILDRED N JONES

T/D

04/27/2007

Electronic Signature of Signing Officer or Director

Date