

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001584

FILED
Apr 09, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA ORACLE USERS GROUP, INC.

Current Principal Place of Business:

1011 EDGEWOOD RANCH RD
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

1011 EDGEWOOD RANCH RD
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-0788056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, PAUL
1011 EDGEWOOD RANCH RD
ORLANDO, FL 32835 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: D () Delete
Name: PHILLIPS, PAUL D
Address: 1011 EDGEWOOD RANCH RD
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Delete
Name: HAUSER, JON
Address: 12951 MALLORY CIR, # 201
City-St-Zip: ORLANDO, FL 32828

Title: D (X) Delete
Name: SALISH, SHERYL
Address: 40077 MRYTLE LN
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: ROBINSON, KATHI
Address: 712 SECERT HARBOR LN, # 202
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: WONG, DAVID
Address: 2835 YONKERS CT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PHILLIPS, PAUL D
Address: 1011 EDGEWOOD RANCH RD
City-St-Zip: ORLANDO, FL 32835

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

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

Title: VP (X) Change () Addition
Name: ROBINSON, KATHI
Address: 712 SECERT HARBOR LN, # 202
City-St-Zip: LAKE MARY, FL 32746

Title: VP (X) Change () Addition
Name: WONG, DAVID
Address: 2835 YONKERS CT
City-St-Zip: OVIEDO, FL 32765

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: PAUL D. PHILLIPS

PRES

04/09/2005

Electronic Signature of Signing Officer or Director

Date