


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000010860 1. Entity Name FLORIDA ORACLE ERP REGIONAL USERS GROUP, INC.	
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Principal Place of Business 3343 CAMERON CHASE DR. TALLAHASSEE, FL 32309	Mailing Address 3343 CAMERON CHASE DR. TALLAHASSEE, FL 32309
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DO NOT WRITE IN THIS SPACE



05062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3411914	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BATTLES, HOSEA 3343 CAMERON CHASE DR. TALLAHASSEE, FL 32309
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Hosea Battles* (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000951228 06/04/08-80024-011 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBROTH, ANDRE 166 COTILLION CIR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTLES, HOSEA 3343 CAMERON CHASE DR. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHANNES, DAN 2007 KELLY CREEK CIRCLE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hosea Battles* 12 May 08 850-891-8121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #