

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010860

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** FLORIDA ORACLE ERP REGIONAL USERS GROUP, INC.

**Current Principal Place of Business:**

3343 CAMERON CHASE DR.  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

3343 CAMERON CHASE DR.  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 59-3411914      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BATTLES, HOSEA  
3343 CAMERON CHASE DR.  
TALLAHASSEE, FL 32309      US

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: LIBROTH, ANDRE  
Address: 166 COTILLION CIR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D      ( ) Delete  
Name: BATTLES, HOSEA  
Address: 3343 CAMERON CHASE DR.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D      ( ) Delete  
Name: JOHANNES, DAN  
Address: 2007 KELLY CREEK CIRCLE  
City-St-Zip: OVIEDO, FL 32765

**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:

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: HOSEA BATTLES

TREA

06/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date