

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009094

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA USERS GROUP OF APPLIED SYSTEMS, INC.

**Current Principal Place of Business:**

101 STARCREST DRIVE  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

101 STARCREST DRIVE  
CLEARWATER, FL 33765

**New Mailing Address:**

**FEI Number:** 65-0649607      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CHAFIN, CATHY  
101 STARCREST DRIVE  
CLEARWATER, FL 33765      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: GORMLEY, KAREN  
Address: 7380 SAND LAKE ROAD SUITE 390  
City-St-Zip: ORLANDO, FL 32819

Title: D      ( ) Delete  
Name: LYNN, LECIA  
Address: 1560 ORANGE AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: D      ( ) Delete  
Name: COMBS, RICK  
Address: 271 WEST CANTON AVENUE  
City-St-Zip: WINTER PARK, FL 32789

**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 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: PAULA MICHAEL

TREA

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date