

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009094

FILED
Jan 05, 2011
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:

13911 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618

Current Mailing Address:

101 STARCREST DRIVE
CLEARWATER, FL 33765

New Mailing Address:

13911 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618

FEI Number: 65-0649607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKAY, WANDA
C/O BOUCHARD INSURANCE
101 STARCREST DRIVE
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

DAVIDSON, MADELYN A
13911 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618-274 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: MADELYN A DAVIDSON

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: DZWIGAL, JUDY
Address: C/O LUTGERT INS,5248 RED CEDAR, SUITE 103
City-St-Zip: FORT MYERS, FL 33907

Title: VP
Name: FRIEND, DEBBIE
Address: C/O MGA INSURANCE, 9024 TOWN CENTER PKWY
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: SEC
Name: MANNING, VICKI
Address: C/O LYKES INS, PO BOX 2879
City-St-Zip: TAMPA, FL 33601

Title: TREA
Name: DAVIDSON, MADELYN A
Address: 13911 CARROLLWOOD VILLAGE RUN
City-St-Zip: TAMPA, FL 33618

Title: D
Name: JOHNSON, KELLY S
Address: C/O SCARR INS GROUP, 700 VILLAGRANDE AVE S
City-St-Zip: ST PETERSBURG, FL 33707

Title: D
Name: SHEINBERG, NANCY
Address: C/O BOUCHARD INS, 101 N STARCREST DR
City-St-Zip: CLEARWATER, FL 33765

I hereby 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 all other like empowered.

SIGNATURE: MADELYN A DAVIDSON

TREA

01/05/2011

Electronic Signature of Signing Officer or Director

Date