

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004146

FILED
Apr 30, 2007
Secretary of State

Entity Name: CSI FLORIDA USERS GROUP, INC.

Current Principal Place of Business:

1185 IMMOKALEE RD., C/O DANIEL W. TAYLOR
BANCSHARES OF FLORIDA, INC.
NAPLES, FL 34110

New Principal Place of Business:

250 N. ORANGE AVE, C/O SHARYN DICKERSON
OLD SOUTHERN BANK
ORLANDO, FL 32801

Current Mailing Address:

1185 IMMOKALEE RD., C/O DANIEL W. TAYLOR
BANCSHARES OF FLORIDA, INC.
NAPLES, FL 34110

New Mailing Address:

250 N. ORANGE AVE, C/O SHARYN DICKERSON
OLD SOUTHERN BANK.
ORLANDO, FL 32801

FEI Number: 61-0649699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGLER & DAUGHERTY, P.A.
1726 RIVERBIRCH HOLLOW
TALLAHASSEE, FL 32308 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: PD () Delete
Name: TAYLOR, DANIEL W.
Address: 1185 IMMOKALEE RD., C/O DANIEL W. TAYLOR
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: DICKERSON, SHARYN
Address: 1185 IMMOKALEE RD., C/O DANIEL W. TAYLOR
City-St-Zip: NAPLES, FL 34110

Title: DST () Delete
Name: REASCH, DEBBIE
Address: 1185 IMMOKALEE RD., C/O DANIEL W. TAYLOR
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DICKERSON, SHARYN
Address: 250 N ORANGE AVE, C/OSHARYN DICKERSON
City-St-Zip: ORLANDO, FL 32801

Title: VD (X) Change () Addition
Name: HOGAN, MICHAEL
Address: 250 N. ORANGE AVE, C/O SHARYN DICKERSON
City-St-Zip: ORLANDO, FL 32801

Title: DST (X) Change () Addition
Name: SAWYER, LINDA K
Address: 250 N ORANGE AVE, C/O SHARYN DICKERSON
City-St-Zip: ORLANDO, FL 32801

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: LINDA K. SAWYER

DST

04/30/2007

Electronic Signature of Signing Officer or Director

Date