2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001536

FILED Feb 05, 2010 Secretary of State

Entity Name: NORTH FLORIDA MACINTOSH USERS GROUP, INC.

Current Principal Place of Business: New Principal Place of Business:

185 TOWERVIEW DRIVE APT 1104 185 TOWERVIEW DRIVE SAINT AUGUSTINE, FL 32092

APT 1104

SAINT AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

PO BOX 10262

JACKSONVILLE, FL 32247

FEI Number: 56-2367537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FLOYD, KATHERINE L KAUFMAN, LEONARD 10075 GATE PARKWAY #1412 185 TOWERVIEW DRIVE

JACKSONVILLE, FL 32246 APT 1104 SAINT AUGUSTINE, FL 32092 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: LEONARD KAUFMAN 02/05/2010

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

KAUFMAN, LEONARD Name:

Address: 185 TOWERVIEW DRIVE APT 1104 City-St-Zip: SAINT AUGUSTINE, FL 32092

Title:

Name: ROSENBERG, MIKE Address: 10010 BELLE RIVE BLVD City-St-Zip: JACKSONVILLE, FL 32256

Title: ST

LUDWIG, STEPHEN Name: 1621 SEA OATS DRIVE Address: City-St-Zip: ATLANTIC BEACH, FL 32233

Title:

Name: ELDRED, RON

1834 WOODRIVER DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32246

Title:

TOMPKINS, LEIGH ANN Name: 11234 PORTSIDE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32225

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: LEONARD KAUFMAN **PRES** 02/05/2010