

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001536

FILED
Jan 05, 2011
Secretary of State

Entity Name: NORTH FLORIDA MACINTOSH USERS GROUP, INC.

Current Principal Place of Business:

185 TOWERVIEW DRIVE
APT 1104
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

PO BOX 10262
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 56-2367537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

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

Title: D
Name: ELDRED, RON
Address: 1834 WOODRIVER DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: D
Name: TOMPKINS, LEIGH ANN
Address: 11234 PORTSIDE DRIVE
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

P

01/05/2011

Electronic Signature of Signing Officer or Director

Date