

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13171

FILED  
May 08, 2009  
Secretary of State

**Entity Name:** THE NATIONAL MACINTOSH COMPUTER SOCIETY, INC.

**Current Principal Place of Business:**

C/O BLUM 5434 GRAND PALM CIR.  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BLUM 5434 GRAND PALM CIR.  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 65-0023987      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BLUM, PETER H  
5434 GRAND PALM CIR.  
DELRAY BEACH, FL 33484      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BLUM, H. PETER  
Address: 5434 GRAND PALM CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VD      ( ) Delete  
Name: HOFFMANN, DEAN  
Address: 1420 NW 62 AVE  
City-St-Zip: SUNRISE, FL 33313

Title: SD      ( ) Delete  
Name: KLEIN, BARBARA  
Address: 3056 S OAKLAND FOREST DR #2305  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: TD      ( ) Delete  
Name: MAGGIED, JOANN  
Address: 6230 SWANS TERRACE  
City-St-Zip: COCONUT CREEK, FL 33073

**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:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: H. PETER BLUM

PRES

05/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date