


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90195 005 ****61.25

DOCUMENT # N16967 1. Entity Name SARASOTA PERSONAL COMPUTER USER'S GROUP INC.					
Principal Place of Business %BARRY F. SPIVEY P.O. BOX 15889 SARASOTA, FL 34277-8889			Mailing Address TREASURER P.O. BOX 15889 SARASOTA, FL 34277-8889		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2456855				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIVEY, BARRY F. 1549 RINGLING BLVD. SUITE 600 SARASOTA, FL 34277			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERBER, DAVE VPRES		NAME	PHIL SORRENTINO	
STREET ADDRESS	7424 CASS CIRCLE		STREET ADDRESS	PO BOX 15889	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	SARASOTA, FL 34277	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS, JUDY SECRET		NAME	DANICE HINKLEY	
STREET ADDRESS	1341 GRAND BLVD		STREET ADDRESS	PO BOX 15889	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	SARASOTA, FL 34277	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, ROBERT TREAS		NAME	LLOYD LINGGGER	
STREET ADDRESS	6910 TREYMORE CT		STREET ADDRESS	PO BOX 15889	
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP	SARASOTA, FL 34277	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUMP, SHARON PRES		NAME	BEN JOHNSON	
STREET ADDRESS	25 WHITE OAK TERRACE		STREET ADDRESS	PO BOX 15889	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	SARASOTA, FL 34277	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTZ, HOPE VPRES		NAME		
STREET ADDRESS	4198 OAKHURST CIRCLE WEST		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE	VPD PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, WINKELMAN VPRES		NAME		
STREET ADDRESS	2936 SEASONS BLVD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: ROBERT HARRIS <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/23/06 Daytime Phone # 841 358-7876					