

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16967

FILED
Feb 24, 2010
Secretary of State

Entity Name: SARASOTA PERSONAL COMPUTER USER'S GROUP INC.

Current Principal Place of Business:

4826 ASHTON RD (C/O SARA MID SCH)
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

TREASURER
P.O. BOX 15889
SARASOTA, FL 342778889

New Mailing Address:

FEI Number: 59-2456855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIES, DENNIS J TREAS
5262 FAR OAK CIRCLE
SARASOTA, FL 34238 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: PRES
Name: SORRENTINO, PHILLIP
Address: P O BOX 15889
City-St-Zip: SARASOTA, FL 34277 US

Title: 1VP
Name: HUTCHINSON, MIKE
Address: PO BOX 15889
City-St-Zip: SARASOTA, FL 34277 US

Title: TREA
Name: GRIES, DENNIS
Address: 5262 FAR OAK CIRCLE
City-St-Zip: SARASOTA, FL 34238 US

Title: 2VP
Name: DEMARTE, NANCY
Address: P O BOX 15889
City-St-Zip: SARASOTA, FL 34277 US

Title: SECT
Name: BARNES, VALERIE
Address: POB 15889
City-St-Zip: SARASOTA, FL 34277 US

Title: DIR
Name: MATHES, GENE
Address: PO BOX 15889
City-St-Zip: SARASOTA, FL 34277 US

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: DENNIS J. GRIES

TREA

02/24/2010

Electronic Signature of Signing Officer or Director

_____ Date