SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 25 AM 8:08

DOCUMENT # **N28218** **(8)**

1. Corporation Name

CENTRAL FLORIDA COMPUTER USER'S GROUP, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5005 LAKELAND FL 33807	P.O. BOX 5005 LAKELAND FL 33807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1988
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2914374 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CREWS, MERYL
2310 A-Z PARK ROAD
LAKELAND FL 33801

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	NESTOR, FRANK	12 NAME	COKER, Melanie	
STREET ADDRESS	2310 A-Z PARK ROAD	13 STREET ADDRESS	P.O. Box 408	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	Lakeland, FL 33802	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	COLLINS, DONNIE	22 NAME	McCoy, Tracy	
STREET ADDRESS	P. O. BOX 5032 N/A	23 STREET ADDRESS	P.O. Box 408	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	Lakeland, FL 33802	
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	GILHOLM, LINDA	32 NAME	Colley, Karen	
STREET ADDRESS	2915 PARKWAY ST.	33 STREET ADDRESS	4911 Celia Circle, E.	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	CREWS, MERYL	42 NAME		
STREET ADDRESS	P. O. DRAWER 088 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	SUMMERS, JOE	52 NAME	Schiebel, Russell	
STREET ADDRESS	P. O. DRAWER 088 N/A	53 STREET ADDRESS	5345 Great Oaks Drive	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	LUCAS, DAN	62 NAME		
STREET ADDRESS	P. O. BOX 6129 N/A	63 STREET ADDRESS	No change	
CITY-ST-ZIP	LAKELAND FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Meryl Crews Meryl Crews 7/21/95 (941)665-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013000

Officers + Directors (continued) N28218

7.1 Title D change x
7.2. Name Schneider, Greg
7.3 Street Address P.O. Box 5678
7.4 City-St-Zip Lakeland, FL 33807-5678

8.1 Title D change x
8.2 Name Shumaker, Mike
8.3 Street Address 311 N. Forbes Road
8.4 City-St-Zip Plant City, FL 33567

9.1 Title D change x
9.2 Name Steele, Mitzi
9.3 Street Address 2310 A-Z Park Road
9.4 City-St-Zip Lakeland, FL 33801