


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28218 (8)**  
1. Corporation Name  
**CENTRAL FLORIDA COMPUTER USER'S GROUP, INC.**



Principal Place of Business <b>P.O. BOX 5005 LAKELAND FL 33807</b>	Mailing Address <b>P.O. BOX 5005 LAKELAND FL 33807-5005</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>09/01/1988</b>	3a. Date of Last Report <b>07/30/1996</b>
4. FEI Number <b>59-2914374</b>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>WALLEN, RENEE 765 CREATIVE DRIVE LAKELAND FL 33813</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>Black, Kathy</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>1022 W. Dossey Rd.</b> <b>84</b> City <b>Lakeland</b> <b>85</b> Zip Code <b>FL 33811</b>	
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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 **Kathy Black, Treasurer** **Kathy Black** **6/24/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COKER, MELANIE</b>	1.2 NAME	<b>Shumaker, Mike</b>
STREET ADDRESS	<b>P O BOX 408 NA</b>	1.3 STREET ADDRESS	<b>311 N. Forbes Rd.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	<b>Plant City, FL 33567</b>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLEY, KAREN</b>	2.2 NAME	<b>Colley, Karen</b>
STREET ADDRESS	<b>4911 CELIA CIRCLE</b>	2.3 STREET ADDRESS	<b>P.O. Box 5874 N/A</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	2.4 CITY-ST-ZIP	<b>Lakeland, FL 33807-5874</b>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CREWS, MERYL</b>	3.2 NAME	<b>No change</b>
STREET ADDRESS	<b>P.O. DRAWER 988 N/A</b>	3.3 STREET ADDRESS	<b>No change</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	<b>No change</b>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLEN, RENEE</b>	4.2 NAME	<b>Black, Kathy</b>
STREET ADDRESS	<b>P.O. BOX 7082 N/A</b>	4.3 STREET ADDRESS	<b>1022 W. Dossey Rd.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP	<b>Lakeland, FL 33811</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHIEBEL, RUSSELL</b>	5.2 NAME	<b>No change</b>
STREET ADDRESS	<b>5345 GREAT OAKS DR</b>	5.3 STREET ADDRESS	<b>No change</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	5.4 CITY-ST-ZIP	<b>No change</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCAS, DAN</b>	6.2 NAME	<b>No change</b>
STREET ADDRESS	<b>P. O. BOX 6129 N/A</b>	6.3 STREET ADDRESS	<b>No change</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	6.4 CITY-ST-ZIP	<b>No change</b>

14. I do hereby certify that the information supplied with this filing 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 **Kathy Black, Treasurer** **Kathy Black** **6/24/97**

CR2E037 (9/96)

7.1	TITLE	D	
7.2	NAME	GILHOLM, LINDA	CHANGE
7.3	STREET ADDRESS	5725 IMPERIAL LAKES BLVD.	
7.4	CITY-ST-ZIP	MULBERRY, FL 33860	
8.1	TITLE	D	
8.2	NAME	HOLLIDAY, GARRY	CHANGE
8.3	STREET ADDRESS	P.O. BOX 1310 N/A	
8.4	CITY-ST-ZIP	WINTER HAVEN, FL 33882	
9.1	TITLE	D	
9.2	NAME	STEELE, MITZI	NO CHANGE
9.3	STREET ADDRESS	2310 A-Z PARK RD.	
9.4	CITY-ST-ZIP	LAKELAND, FL 33801	
10.1	TITLE	D	
10.2	NAME	OSBURN, RENEE	CHANGE
10.3	STREET ADDRESS	765 CREATIVE DR.	
10.4	CITY-ST-ZIP	LAKELAND, FL 33813	
11.1	TITLE	D	
11.2	NAME	GAYLORD, CHARLENE	CHANGE
11.3	STREET ADDRESS	P.O. BOX 899 N/A	
11.4	CITY-ST-ZIP	WINTER HAVEN, FL 33882	
12.1	TITLE	D	
12.2	NAME	BARNES, TRAVIS	CHANGE
12.3	STREET ADDRESS	P.O. BOX 797 N/A	
12.4	CITY-ST-ZIP	MULBERRY, FL 33860	
13.1	TITLE	D	
13.2	NAME	BURCHETT, THELMA	CHANGE
13.3	STREET ADDRESS	2310 A-Z PARK RD.	
13.4	CITY-ST-ZIP	LAKELAND, FL 33801	