



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90071 034 ****61.25

DOCUMENT # N35933					
1. Entity Name MANATEE PERSONAL COMPUTER USERS GROUP, INC.					
Principal Place of Business 4835 27TH STREET W. SUITE 135 BRADENTON, FL 34207 US			Mailing Address 5726 CORTEZ RD W. STE 286 BRADENTON, FL 34210 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOZZETTI, MARY ANN 1116 64TH ST. N.W BRADENTON, FL 34209				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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, 2007		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	SAILING, EILEEN		NAME	HALL, Bob	
STREET ADDRESS	5811 11 ST EAST		STREET ADDRESS	512 Spring Lakes Blvd	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODGE, CHRISTINE		NAME	PALMIERI, LYLA	
STREET ADDRESS	6101 34TH ST WEST		STREET ADDRESS	4721 13th St E #266	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOWERS, DONALD S JR.		NAME	PATEY SKINNER	
STREET ADDRESS	4202 17TH AVE. W.		STREET ADDRESS	256 SHERWOOD DR	
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOZZETTI, MARY ANN		NAME	BARB STEVENS	
STREET ADDRESS	1116 64 ST NW		STREET ADDRESS	4746 11th St E #225	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNIEDER, JACK		NAME		
STREET ADDRESS	2624 30 ST WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, LARRY JR		NAME		
STREET ADDRESS	9604 CORTER RD., APT 223		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		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: 			Date: 2/5/07		Daytime Phone #: 792-7320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					