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NONPROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Mar 07 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

1997
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TERMS USER GROUP, INC.

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2. Principal Pla	ace of Business	2a.	Mailing Address		_,,	4. FEI Numb	er		Ap	plied For
1		26				651	0236801		No	t Applicable
Suite, Apt. #	#, etc.	27	Suite, Apt. #, etc.			5. Certificate	of Status Desired		\$8.75 A	
City & State	<u> </u>	***********	City & State			6. Election C	ampaign Financing		\$5.00	Mav Be
3		28				Trust Fund	d Contribution		Added t	
Zip	Country		Zıp	Cour	ntry	B. This corpo	oration has liability fo <u>r i</u>			199.032,
<u> </u>	25	29		30		Florida St		Yes 🛂		
	9. Name and Address of Curr	rent Hegis	tered Agent		81 Name	10. Name an	d Address of New Re	gistered A	gent	
				["	81 Name					
	N, LORETTA W	_			82 Street A	ddress (P.O. Box No	umber is Not Acceptab	ole)		
	OTA COUNTY SCHOOL BOAR	ND CO			-					
	INDINGS BLVD			Į,	83					
SARASO)TA FL 34231				84 City			P.	85 Zip (Code
				<u> </u>				<u>FL</u>		
 Pursuant to office or re 	o the provisions of Sections 617.0 egistered agent, or both, in the Sta	3502 and 6 ate of Flori	i17.1508, Florida Stati da. Such change was	ites, the ab authorized	ove-named c by the corpo	corporation submits to pration's board of dir	this statement for the p rectors. I hereby accer	ourpose of control	changing it intment as	s registered registered
agent. I ar	n familiar with, and accept the ob	ligations o	f, Section 617.0503, F	lorida Statu	ites.		,	• •		
IGNATURE _										
	Signature, typied or printed name of registered				Agent signature r	equired when reinstating)	SICHANGES TO OFFIC	DAYE	DIRECTOR	S IN 12
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