NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N 45732 1. Corporation Name

Southwest Florida PC Users Group, Inc.

Principal Place of Business

Mailing Address

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90122 025 ****61.25

City & State 23 Fr M YERS, FL 28 CAPE CORAL, FL 38 CAPE CORAL, FL 5. Certificate of Status Desired	
City & State City & City & State City & City & State City & State City & State City & State City	
City & State 27	
City & State 23 F7 MYERS , FL 28 CAPE CORAL , FL 5. Certificate of Status Desired	d For
23 F7 MYERS, FL 28 CAPE CORAL, FL 20 Country 21 Country 22 Country 23 339(9 25 USA 28 33904 30 USA Trust Fund Contribution 3 Name and Address of Current Registered Agent L. C. MENNITT 4015 SE 20th PLACE, #20 2 CAPE CORAL, FL 33904 81 Name 10. Name and Address of New Registered Agent L. C. MENNITT 4015 SE 20th PLACE, #20 2 CAPE CORAL, FL 33904 83 Set City 48 City 49 City 40 City 40 City 40 City 41. Pursuant to the provisions of Sections \$17,0502 and \$17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registreed 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 regist agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, types or prefere freme of registered agent and title if applicable. (INDEE Registered Agent spinature required when reinstance) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE 12. NAME Albert Winchell D STREET ADDRESS INTELL TORRESS I	plicable
28 339(9 25 USA 29 33904 50 USA 10. Name and Address of Current Registered Agent 10. Name and Address of New Re	
9. Name and Address of Current Registered Agent L. C. MENNITT 4015 SE 20th PLACE, #202 CAPE CORAL, FL 33904 81 82. Street Address (P.O. Box Number is Not Acceptable) 83. Register agent or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent (NOTE: Registered Agent) (NOTE: Registered Address (P.O. Box Number is Not Acceptable) (NOTE: Registered Agent) (NOTE: Registered Address (P.O. Box Number is Not Acceptable) (NOTE: Registered Agent) (NOTE: Registered A	
## August 1	
## Carp Place ## 20 2 ## CAPE CORAL, FL 33904 Ba	
Signature Sign	
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 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 regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE	
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 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 regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE President Albert Winchell D 13. STREET ADDRESS CITY-ST-ZIP TITLE VP - Treasurer DELETE 1.1 TITLE VP - Treasurer DELETE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VP - Treasurer DELETE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE 2.4 C. Men nitt D STREET ADDRESS CITY-ST-ZIP TITLE 2.4 CAPE COARL, FL 33904 ACITY-ST-ZIP TITLE D QUELETE 3.1 TITLE 2.1 TITLE 2.2 AND VP Change CARTOT Lind MAAU Change Charles Kenneally ALITY-ST-ZIP TITLE D QUELETE 4.1 TITLE Change	
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 regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE	,
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 regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	stered
Signature, typed or printed name of registered agent and lite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	red
12. OFFICERS AND DIRECTORS TITLE President Albert Winchell D STREET ADDRESS CITY-ST-ZIP TITLE VP-Treasurer L. C. Mennitt D STREET ADDRESS CITY-ST-ZIP TITLE 2.1 TITLE 2.2 NAME 3.2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE 2.2 NAME 3.2 STREET ADDRESS CITY-ST-ZIP CAPUL L'IND MANU DELETE 3.4 CITY-ST-ZIP TITLE NAME CHAPLES KENNEALLY DELETE 4.1 TITLE CHAPLES KENNEALLY CHAPLES (CHAPLES KENNEALLY CHAPLES KENNEALLY CHAPLES (CHAPLES KENNES CHAPLES (CHAPLES KENNEALLY CHAPLES (CHAPLES KENNES CHAPLES (CHAPLES KENNEALLY C	
TITLE President DELETE 1.1 TITLE Change NAME Albert Winchell D 1.2 NAME STREET ADDRESS 1.5 TREET ADDRESS 1.4 CITY-ST-ZIP TITLE VP-Treasurer DELETE 2.1 TITLE NAME L. C. Mennitt D 2.2 NAME STREET ADDRESS 4015 SE 20th PLACE, #202 CITY-ST-ZIP CAPE CORAC, FL 33904 TITLE 2nd VP QDELETE NAME CAROL Lind Man D 3.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP TITLE 2nd VP QDELETE STREET ADDRESS 1.4 CITY-ST-ZIP TITLE D QDELETE NAME Charles Kenneally STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 33972 TITLE Change Charles Kenneally DELETE 1.1 TITLE Change C	
NAME STREET ADDRESS CITY-ST-ZIP TITLE A/BET Winchell D 1519 Reynard Drive 133797 14 CITY-ST-ZIP TITLE VP-Treasurer L. C. Mennitt D STREET ADDRESS CITY-ST-ZIP NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP NAME CAPE CORAC, FL 33904 24 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME Charles Kenneally DELETE DELETE 12 NAME 13 TITLE A CHARLES FL 33972 TITLE D NAME Charles Kenneally DELETE DELETE 14 TITLE Charge 15 STREET ADDRESS CITY-ST-ZIP TITLE D NAME Charles Kenneally DELETE DELETE 15 TITLE Charge Charles Kenneally DELETE Charge Charles Kenneally DELETE Charge Charles Kenneally Charge Charles Kenneally Charge Charles Kenneally Charge Charles Charles Kenneally Charge Charles Charge Charge Charge Charge	_
STREET ADDRESS CITY-ST-ZIP TITLE NAME L. C. Mennitt D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 2 Ad VP STREET ADDRESS CITY-ST-ZIP TITLE 2 Ad VP STREET ADDRESS CITY-ST-ZIP TITLE 2 Ad VP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME Charles Kenneally STREET ADDRESS CITY-ST-ZIP TITLE D NAME Charles Kenneally STREET ADDRESS CITY-ST-ZIP TITLE D NAME Charles Kenneally DELETE DELETE DELETE Change Charles Kenneally Charge Charles Kenneally DELETE Change Charles Kenneally Change Change Change Change	_ Addition
CITY-ST-ZIP TITLE VP-Treasurer NAME L. C. Mennitt D STREET ADDRESS CITY-ST-ZIP TITLE VP-Treasurer DELETE 21 TITLE 22 NAME 22 NAME 22 NAME 24 CITY-ST-ZIP TITLE AND STREET ADDRESS CITY-ST-ZIP TITLE AND CARAL FL 33904 AND DELETE 31 TITLE AND STREET ADDRESS CITY-ST-ZIP TITLE D NAME CARAL FL 33904 AND DELETE 31 TITLE AND AND TULY ST-ZIP TITLE D NAME CHARLES Kenneally STREET ADDRESS CITY-ST-ZIP TITLE D NAME Charles Kenneally AL CITY-ST-ZIP TITLE Change Charles Charles Conneally AL CITY-ST-ZIP TITLE Change Charles Charles Conneally AL CITY-ST-ZIP TITLE Change Charles Charles Conneally Change Charles Charles Conneally Change Charles Charles Conneally Change Charles Charles Conneally Change Change	
TITLE VP-Treasurer DELETE 2.1 TITLE 2.2 NAME L.C. Mennite D STREET ADDRESS 4015 SE 20th PLACE, #202 2.3 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 2.4 CITY-ST-ZIP TITLE 2nd VP DELETE 3.1 TITLE 2nd VP STREET ADDRESS STREET ADDRESS 7.2 O'2 3rd STREET E, 3.3 STREET ADDRESS 7.2 O'2 3rd STREET E, 3.4 CITY-ST-ZIP LEHIGH ACRES, FL 33972 TITLE D DELETE 4.1 TITLE Charles Kenneally 4.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE DELETE 5.1 TITLE Change	
TITLE VP-Treasurer DELETE 2.1 TITLE 2.2 NAME L.C. Mennite D STREET ADDRESS 4015 SE 20th PLACE, #202 2.3 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 2.4 CITY-ST-ZIP TITLE 2nd VP DELETE 3.1 TITLE 2nd VP STREET ADDRESS STREET ADDRESS 7.2 O'2 3rd STREET E, 3.3 STREET ADDRESS 7.2 O'2 3rd STREET E, 3.4 CITY-ST-ZIP LEHIGH ACRES, FL 33972 TITLE D DELETE 4.1 TITLE Charles Kenneally 4.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE DELETE 5.1 TITLE Change	3.4.1.00
STREET ADDRESS CITY-ST-ZIP TITLE And VP NAME STREET ADDRESS CITY-ST-ZIP TITLE And VP AND CORRECT TITLE And VP AND CORRECT STREET ADDRESS CITY-ST-ZIP TITLE Charles Kenneally TITLE DELETE DELETE DELETE TITLE AS STREET ADDRESS CITY-ST-ZIP TITLE D NAME Charles Kenneally AS STREET ADDRESS CITY-ST-ZIP TITLE D Charles Kenneally AS STREET ADDRESS CITY-ST-ZIP TITLE D Charles Kenneally AS STREET ADDRESS CITY-ST-ZIP TITLE DELETE Change Charles Correct Correct C	Addition
STREET ADDRESS CITY-ST-ZIP TITLE AND CAPE CORAL, FL 33904 TITLE AND CHAPTER TE. 3.4 CITY-ST-ZIP TITLE D AND CHAPTER TE. 3.4 CITY-ST-ZIP TITLE D AND CHAPTER TE. CHAPT	
STREET ADDRESS CITY-ST-ZIP TITLE D NAME Charles Kenneally STREET ADDRESS CITY-ST-ZIP TITLE D D DELETE D D D D D D D D D D D D D	
STREET ADDRESS CITY-ST-ZIP TITLE D NAME Charles Kenneally STREET ADDRESS CITY-ST-ZIP DELETE D	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Charles Kenneally STREET ADDRESS CITY-ST-ZIP DELETE 32 NAME 33 STREET ADDRESS 1202 3rd STREET E 34 CITY-ST-ZIP LEHIGH ACRES, FL 33972 LEHIGH ACRES, FL 33972 LEHIGH ACRES, FL 33972 LEHIGH ACRES, FL 33972 LEHIGH ACRES LEHIGH LEH	Addition
NAME Charles Kenneally 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change	
NAME Charles Kenneally STREET ADDRESS CITY-ST-ZIP TITLE A. 2 NAME 4. 2 NAME 4. 3 STREET ADDRESS 4. 4 CITY-ST-ZIP Change Change	
NAME Charles Kenneally STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change	
4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Addition
4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change	
TITLE DELETE 5.1 TITLE Change	
canar	Addition
STREET ADDRESS 5.3 STREET ADDRESS	
FLOOD OF TO	
U17-51-2P	Addition
CONNE	-
TOWNE AND ADDRESS ADDR	
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY ST. 7IP	

14. I 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, with all other like empowered.

SIGNATURE: _<