

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45732

FILED  
Apr 04, 2005  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA PC USERS GROUP, INC.

**Current Principal Place of Business:**

1519 REYNARD DRIVE  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1446  
CAPE CORAL, FL 33910 US

**New Mailing Address:**

**FEI Number:** 65-0251284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENNITT, L C  
4015 SE 20TH PL  
#202  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WINCHELL, ALBERT  
Address: 1519 REYNARD DRIVE  
City-St-Zip: FORT MYERS, FL 33919 US

Title: VPTD ( ) Delete  
Name: MENNITT, L C  
Address: 4015 SE 20TH PL #202  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete  
Name: ELMORE, BARBARA  
Address: 603 SIR WALTER WAY  
City-St-Zip: NORTH FORT MYERS, FL 33917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: OKERSTROM, HELENE  
Address: 1722 SE 11TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. C. MENNITT

VPTD

04/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date