

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N45732

1. Entity Name
SOUTHWEST FLORIDA PC USERS GROUP, INC.



Principal Place of Business
**15320 LAGUNA HILLS CR
FORT MYERS, FL 33908 US**

Mailing Address
**P.O. BOX 1446
CAPE CORAL, FL 33910 US**

DO NOT WRITE IN THIS SPACE



04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0251284

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000919167
05/08/08-80005-011 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WINCHELL, ALBERT
15320 LAGUNA HILLS CR
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
MENNITT, L C
4015 SE 20TH PL #202
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
OKERSTROM, HELENE
1722 SE 11TH TERRACE
CAPE CORAL, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: L.C. Menitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-08
Date

239-542-2044
Daytime Phone #