

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N46038 (8)**  
1. Corporation Name  
**PASCO AREA COMPUTER USERS GROUP, INCORPORATED**



Principal Place of Business  
**POST OFFICE BOX 1582  
DADE CITY FL 33526**

Mailing Address  
**POST OFFICE BOX 1582  
DADE CITY FL 33526**

3. Date Incorporated or Qualified  
**11/14/1991**

3a. Date of Last Report  
**05/31/1995**

4. FEI Number  
**59-3028238**

Applied For  
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

**SAVIO, CHARLES J.  
12029 MAJESTIC BLVD.  
SUITE 7  
BAYONET POINT FL 34667**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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 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 registered 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	Whybrew, Virginia
NAME	GOLDENSOPH, JEFF	12 NAME	37514 Howard Ave.
STREET ADDRESS	36384 COLEMAN AVENUE	13 STREET ADDRESS	Dade, City FL 33525
CITY-ST-ZIP	DADE CITY FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	Richer, Mark
NAME	WHYBREW, VIRGINIA	22 NAME	6105 20th St.
STREET ADDRESS	37514 HOWARD AVE	23 STREET ADDRESS	zephyrhills, FL 33540
CITY-ST-ZIP	DADE CITY FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	Waite, Myrna
NAME	RICHER, MARK	32 NAME	3539 Fox Ridge Blvd
STREET ADDRESS	6105 20TH ST	33 STREET ADDRESS	zephyrhills, FL 33543
CITY-ST-ZIP	ZEPHYRHILLS FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	Jim Martin
NAME	LEACH, NORMAN	42 NAME	34650 Mission Bell Lane
STREET ADDRESS	5824 DEAN DAIRY RD	43 STREET ADDRESS	Dade City FL 33525
CITY-ST-ZIP	ZEPHYRHILLS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	Bill Richards
NAME	MAGILL, WARREN	52 NAME	35915 Hermosa Ln
STREET ADDRESS	13908 PARADISE LANE	53 STREET ADDRESS	zephyrhills, FL 33541
CITY-ST-ZIP	DADE CITY FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	
NAME	BERGER, BARBARA	62 NAME	
STREET ADDRESS	11635 PASADENA ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** Myrna L. Waite, Myrna L. Waite 1-31-96 813-788-3472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)