


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90011 010 ****61.25

DOCUMENT # N46038 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3028238	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAVIO, CHARLES J. 12029 MAJESTIC BLVD. SUITE 7 BAYONET POINT, FL 34667			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESTA, MARIE		NAME	Vesta, Marie	
STREET ADDRESS	37640 CAMPO AVE		STREET ADDRESS	37624 Newcom Ave	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDER-NESS, JANET		NAME	Fortier, Ann	
STREET ADDRESS	39048 10TH AVE		STREET ADDRESS	34134 Brown Bayou	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540		CITY-ST-ZIP	Zephyrhills, FL 33543	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	STUNKARD, VIRGINIA		NAME		
STREET ADDRESS	37950 ASHBROOK RD		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODARD, WOODY		NAME	Brandon, Janet	
STREET ADDRESS	41003 BEURY LANE		STREET ADDRESS	5306 Belmar Dr	
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINING, THELMA		NAME	Vining, Thelma	
STREET ADDRESS	39414 8TH AVE		STREET ADDRESS	39414 8th Ave	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540		CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <u>Virginia Stunkard</u> Virginia Stunkard					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/13/2004 352-567-7241 <small>Date Daytime Phone #</small>	