


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90072 046 \*\*\*\*61.25

<b>DOCUMENT # N46038</b> 1. Entity Name <b>PASCO AREA COMPUTER USERS GROUP, INCORPORATED</b>					
Principal Place of Business <b>POST OFFICE BOX 1582 DADE CITY, FL 33526</b>			Mailing Address <b>POST OFFICE BOX 1582 DADE CITY, FL 33526</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>SAVIO, CHARLES J. 12029 MAJESTIC BLVD. SUITE 7 BAYONET POINT, FL 34667</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VESTA, MARIE</b>		NAME		
STREET ADDRESS	<b>37624 NEUKOM AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33541</b>		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>FORTIER, ANN</b>		NAME	<i>Rozanne Henrich</i>	
STREET ADDRESS	<b>34134 BROWN BAYOU</b>		STREET ADDRESS	<i>36871 Waterfall Dr</i>	
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33543</b>		CITY-ST-ZIP	<i>Dade City, FL 33525</i>	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STUNKARD, VIRGINIA</b>		NAME		
STREET ADDRESS	<b>37950 ASHBROOK RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DADE CITY, FL 33523</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WOODARD, WOODY</b>		NAME		
STREET ADDRESS	<b>5306 BETMAR DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33541</b>		CITY-ST-ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>VINING, THELMA</b>		NAME	<i>Nancy Smith</i>	
STREET ADDRESS	<b>39414 8TH AVE</b>		STREET ADDRESS	<i>37519 Neukom Ave</i>	
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>		CITY-ST-ZIP	<i>Zephyrhills, FL 33541</i>	
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.					
<b>SIGNATURE: <i>Virginia Stunkard</i></b> <span style="float: right;"><b>2/9/05</b> <b>352-567-7241</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50015055**



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3028238** Applied For ☐ Not Applicable ☐

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