

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46038

FILED
Jan 07, 2009
Secretary of State

Entity Name: PASCO AREA COMPUTER USERS GROUP, INCORPORATED

Current Principal Place of Business:

POST OFFICE BOX 1582
DADE CITY, FL 33526

New Principal Place of Business:

37950 ASHBROOK ROAD
DADE CITY, FL 33523

Current Mailing Address:

POST OFFICE BOX 1582
DADE CITY, FL 33526

New Mailing Address:

P.O. BOX 1582
DADE CITY, FL 33526

FEI Number: 59-3028238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVIO, CHARLES J.
12029 MAJESTIC BLVD.
SUITE 7
BAYONET POINT, FL 34667 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: P () Delete
Name: VESTA, MARIE
Address: 37624 NEUKOM AVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: V () Delete
Name: FINEFROCK, SHIRLEY
Address: 5539 RIVIERA DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: TD () Delete
Name: STUNKARD, VIRGINIA
Address: 37950 ASHBROOK RD
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: RAY, RUTH ANN
Address: 10033 AIRETOP AVE
City-St-Zip: DADE CITY, FL 33525

Title: S () Delete
Name: SMITH, NANCY
Address: 37519 NEUKON AVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: RAY, RUTH ANNE
Address: 10033 AIRETOP AVE
City-St-Zip: DADE CITY, FL 33525

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

Title: D () Change (X) Addition
Name: BETZ, JUDI
Address: 10045 HAMP DRIVE
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VIRGINIA STUNKARD

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01/07/2009

Electronic Signature of Signing Officer or Director

Date