

# 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

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N46677 (3)**

1. Corporation Name

**MACINTOSH USERS GROUP OF ORLANDO, INC.**



Principal Place of Business  
**1051 WINDERLY PL  
S206  
MAITLAND FL 32751**

Mailing Address  
**1051 WINDERLY PL  
S206  
MAITLAND FL 32751**

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

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

**3.** Date Incorporated or Qualified  
**12/30/1991**

**3a.** Date of Last Report  
**05/19/1995**

**4.** FEI Number  
**59-3106416**

**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

**9. Name and Address of Current Registered Agent**  
**SALFI, DOMINICK J.  
1051 WINDERLEY PK  
S206  
MATLAND FL 32751**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **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**

**11** TITLE **PD** ☒ DELETE  
**NAME** **POWELL, TIM**  
**STREET ADDRESS** **7508 BOICE ST.**  
**CITY-ST-ZIP** **ORLANDO FL**

**12** TITLE **VD** ☒ DELETE  
**NAME** **RICE, DEBREA**  
**STREET ADDRESS** **802 SWEETBRIAR RD.**  
**CITY-ST-ZIP** **ORLANDO FL**

**13** TITLE **SD** ☐ DELETE  
**NAME** **KISHAZY, CHRISTINE**  
**STREET ADDRESS** **5275 IMAGES CIRCLE, APT. 108**  
**CITY-ST-ZIP** **KISSIMMEE FL**

**14** TITLE **TD** ☐ DELETE  
**NAME** **LACKEY, JAMES**  
**STREET ADDRESS** **1703 DOWN LAKE DR.**  
**CITY-ST-ZIP** **WINDERMERE FL**

**15** TITLE ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**16** TITLE ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92**

**11** TITLE **PD** ☒ Change ☒ Addition  
**12** NAME **GUMBERT, HAROLD**  
**13** STREET ADDRESS **2114 MT VERNON ST.**  
**14** CITY-ST-ZIP **ORLANDO, FL 32803**

**21** TITLE **VD** ☐ Change ☒ Addition  
**22** NAME **BEERS, JIM**  
**23** STREET ADDRESS **507 BRAMBLEWOOD CT.**  
**24** CITY-ST-ZIP **LONGWOOD, FL 32779**

**31** TITLE ☐ Change ☐ Addition  
**32** NAME  
**33** STREET ADDRESS  
**34** CITY-ST-ZIP

**41** TITLE ☐ Change ☐ Addition  
**42** NAME  
**43** STREET ADDRESS  
**44** CITY-ST-ZIP

**51** TITLE ☐ Change ☐ Addition  
**52** NAME  
**53** STREET ADDRESS  
**54** CITY-ST-ZIP

**61** TITLE ☐ Change ☐ Addition  
**62** NAME  
**63** STREET ADDRESS  
**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:** *James Lackey* **6 MAY 1996 (407) 876-4699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)