


FILE NOW: FILING FEE IS \$61.25

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Jul 01 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N46677** (3)

1. Corporation Name

MACINTOSH USERS GROUP OF ORLANDO, INC.



| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 1051 WINDERLY PL S206 MAITLAND FL 32751 | 1051 WINDERLY PL S206 MAITLAND FL 32751-7269 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/30/1991 | 3a. Date of Last Report 05/01/1996 |
|--|--|

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 30 |

| | |
|--|---------------------------------------|
| 4. FEI Number 59-3106416 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | |
| SALFI, DOMINICK J. 1051 WINDERLEY PK S206 MAITLAND 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 | 85 Zip Code |
| | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------|
| TITLE | NAME |
| PD | GUMBERT, HAROLD |
| STREET ADDRESS | 2114 MOUNT VERNON STREET |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | NAME |
| VD | BEERS, JIM |
| STREET ADDRESS | 507 BRAMBLEWOOD COURT |
| CITY-ST-ZIP | LONGWOOD FL |
| TITLE | NAME |
| SD | KISHAZY, CHRISTINE |
| STREET ADDRESS | 5275 IMAGES CIRCLE, APT. 108 |
| CITY-ST-ZIP | KISSIMMEE FL |
| TITLE | NAME |
| TD | LACKEY, JAMES |
| STREET ADDRESS | 1703 DOWN LAKE DR. |
| CITY-ST-ZIP | WINDERMERE FL |
| TITLE | NAME |
| | |
| TITLE | NAME |
| | |
| TITLE | NAME |
| | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--------------------------|
| 1.1 TITLE | 1.2 NAME |
| PRESIDENT/DIRECTOR | DOWLING, PATRICK |
| 1.3 STREET ADDRESS | Box 41 SAN JOSE CIRCLE |
| 1.4 CITY-ST-ZIP | WINTER PARK, FL 32792 |
| 2.1 TITLE | 2.2 NAME |
| | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | 3.2 NAME |
| SECRETARY/DIRECTOR | KISHAZY, CHRISTINE |
| 3.3 STREET ADDRESS | 4606 OSCEOLA POINT TRAIL |
| 3.4 CITY-ST-ZIP | KISSIMMEE, FL 34746 |
| 4.1 TITLE | 4.2 NAME |
| TREASURER/DIRECTOR | GARY M. CREAM, GARY |
| 4.3 STREET ADDRESS | 1254 ROYAL OAK DR |
| 4.4 CITY-ST-ZIP | WINTER SPRINGS FL 32708 |
| 5.1 TITLE | 5.2 NAME |
| | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | 6.2 NAME |
| | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 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 _____ (407) 366 3771

CP2E037 (9/96)