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FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000000157 (8)

1. Corporation Name

SUNCOAST NETWARE USERS GROUP, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2187  
SARASOTA FL 34277-2263P.O. BOX 2187  
SARASOTA FL 34230-21873. Date Incorporated or Qualified  
01/07/19933a. 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 &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24 34230-2187

25

29

30

4. FEI Number

65-0382840

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNARR, JIM  
3911-24TH AVE W  
BRADENTON FL 34205

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 Jim Schnarr, Secretary

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/15/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME COLLANDR, RANDY  
STREET ADDRESS 3107 5TH STREET EAST  
CITY-ST-ZIP BRADENTON FL  
☒ DELETETITLE D  
NAME LATENSER, JOHN  
STREET ADDRESS 2525 ASHTON RD  
CITY-ST-ZIP SARASOTA FL 34231  
☐ DELETETITLE SD  
NAME SCHNARR, JIM  
STREET ADDRESS 3911-24TH AVE W  
CITY-ST-ZIP BRADENTON FL 34205  
☐ DELETETITLE TD  
NAME LESTER, TEDD  
STREET ADDRESS 609 MELODY CIR  
CITY-ST-ZIP SARASOTA FL 34237  
☒ DELETETITLE D  
NAME FRAYER, ALAN  
STREET ADDRESS 6023 26TH STREET W #183  
CITY-ST-ZIP BRADENTON FL  
☒ DELETETITLE VPD  
NAME BOSERUP, PAUL  
STREET ADDRESS 4948 TAYLOR DELL  
CITY-ST-ZIP SARASOTA FL 34235  
☐ DELETE1.1 TITLE PD  
1.2 NAME DEAN GWALT  
1.3 STREET ADDRESS 3302 RAMBLEWOOD PL.  
1.4 CITY-ST-ZIP SARASOTA, FL 34237  
☐ Change ☒ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition4.1 TITLE TD  
4.2 NAME MARTY TASKEY  
4.3 STREET ADDRESS 2539 BUCIDA DR.  
4.4 CITY-ST-ZIP SARASOTA, FL 34232  
☐ Change ☒ Addition5.1 TITLE D  
5.2 NAME BILL GARSKE  
5.3 STREET ADDRESS 4048 BERKSHIRE DR.  
5.4 CITY-ST-ZIP SARASOTA, FL 34241  
☐ Change ☒ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

941-953-7437

Daytime Phone # 0062798

CR2E037 (9/96)