

**2007 ~~NOT~~-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005533

1. Entity Name
BAY AREA MACINTOSH USERS GROUP, INC.



Principal Place of Business
**1102 MAXIMO AVE
CLEARWATER, FL 33759 US**

Mailing Address
**PO BOX 15272
SAINT PETERSBURG, FL 33733 US**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3394071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARY, JOEL
4434 3 AVE NORTH
ST. PETERSBURG, FL 33313**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
CHILCOTE, VIRGINIA
1102 MAXIMO AVE
CLEARWATER, FL 33759**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
PITTMAN, BOB
320 MORNINGSIDE
PALM HARBOR, FL 34683**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
SMEED, CHERYL
5116 BROOKSIDE LANE
NEW PORT RICHEY, FL 34653**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
CARY, JOEL
4434 3 AVE DR
SAINT PETERSBURG, FL 33713**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1100000578659
01/09/07-80038-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-07 727 727 4486

JOEL S. CARY