

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 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**



01122008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3394071

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2008**

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	

**DO NOT WRITE
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 #

1-12-08 727 327 4486