2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005533

FILED
Mar 07, 2009
Secretary of State

Entity Name: BAY AREA MACINTOSH USERS GROUP, INC.

Current Principal Place of Business:

1102 MAXIMO AVE
CLEARWATER, FL 33759 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 15272
SAINT PETERSBURG, FL 33733 US

New Mailing Address:

FEI Number: 59-3394071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHILCOTE, VIRGINIA
Address: 1102 MAXIMO AVE
City-St-Zip: CLEARWATER, FL 33759

Title: VD ( ) Delete
Name: PITTMAN, BOB
Address: 320 MORNINGSIDE
City-St-Zip: PALM HARBOR, FL 34683

Title: S ( ) Delete
Name: SMEED, CHERYL
Address: 5116 BROOKSIDE LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD ( ) Delete
Name: CARY, JOEL
Address: 4434 3 AVE DR
City-St-Zip: SAINT PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMEED, CHERYL
Address: 5116 BROOKSIDE LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: DIXON, JOANN
Address: 201 DAVID AVE
City-St-Zip: CLEARWATER, FL 33759

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL S. CARY TD 03/07/2009

Electronic Signature of Signing Officer or Director Date