

FILED
Jul 09, 2007 8:00 am
Secretary of State


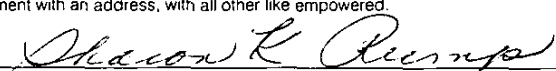
40123431



07052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3323155	Applied For
	Not Applicable

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

DOCUMENT # N95000002285				07-09-2007 90045 020 ****61.25	
1. Entity Name FLORIDA ASSOCIATION OF COMPUTER USER GROUPS, INC.		Principal Place of Business 935 NORTH BENEVA ROAD, SUITE 609 # 4 SARASOTA, FL 34232		Mailing Address 935 NORTH BENEVA ROAD, SUITE 609 # 4 SARASOTA, FL 34232	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40123431	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07052007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3323155	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUMP, SHARON K 935 NORTH BENEVA ROAD, SUITE 609 # 4 SARASOTA, FL 34232				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S WEXLER, SAM 7399 MOROCCA LAKE DR. DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P THOMPSON, JAMES 905 NORTH ORLANDO AVE. MAITLAND, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, STEVE 1430 DIXON BLVD, APT 221 COCOA, FL 32922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP VESTA, MARIE 37524 NEUKOM AVE. 2EPHYRHILLS, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP POPLOCK, HEWIE 411 SHEOAH BLVD #41 WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN STU 11780 CASTELLON CT BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SHERIDAN, MARY 8313 IBERIA PL TAMPA, FL 336376539	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIEL, THOMAS 19147 PARK PLACE BLVD. EUSTIS, FL 32736	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUMP, SHARON 3828 OAKWOOD BLVD. SO. SARASOTA, FL 342877414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISTENBERG, IRA 11581 BRISTOL WOOD AVE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOCKERY, DAVE 120 OVERSTREET COURT PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		7/6/07		941-587-1927	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	