

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N9500005271</b> 1. Entity Name <b>SOFTWARE SUPPORT CONSORTIUM, INC.</b>	
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Principal Place of Business <b>8444 GASKIN ROAD BALDWINVILLE NY 13027 US</b>	Mailing Address <b>8444 GASKIN ROAD BALDWINVILLE NY 13027 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E037 (10/06)

4. FEI Number <b>58-2211614</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>CHERRY, JOHN E 1900 S.E. 4TH STREET GAINESVILLE FL 32641</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P/D	
NAME	SERRATA, ESMERALDA	<input type="checkbox"/>
STREET ADDRESS	1800 FARM WORKERS WAY	
CITY-STATE-ZIP	IMOKALEE FL 33934-5544	
TITLE	S/D	<input type="checkbox"/>
NAME	BROTHERS, LORIE	
STREET ADDRESS	8444 GASKIN RD.	
CITY-STATE-ZIP	BALDWINVILLE NY 13027	
TITLE	VD	<input type="checkbox"/>
NAME	LEWIS, JUDITH	
STREET ADDRESS	516 BURT ST	
CITY-STATE-ZIP	SYRACUSE NY 13202	
TITLE	T	<input type="checkbox"/>
NAME	MIRANDO, JAMES	
STREET ADDRESS	737D RESERVOIR ST	
CITY-STATE-ZIP	ELMIRA NY 14905	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS	U00000747487	
CITY-STATE-ZIP	05/17/07-80027-017 61.25	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lorene H. Brothers      Lorene H. Brothers, Exec. Dir.      4/24/07