

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90015 031 \*\*\*\*61.25

**DOCUMENT # N95000005271**

1. Entity Name

**SOFTWARE SUPPORT CONSORTIUM, INC.**



Principal Place of Business

**8444 GASKIN ROAD  
BALDWINVILLE NY 13027  
US**

Mailing Address

**8444 GASKIN ROAD  
BALDWINVILLE NY 13027  
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**58-2211614**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHERRY, JOHN E  
1900 S.E. 4TH STREET  
GAINESVILLE FL 32641**

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

Signature, typewritten printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW- FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P/D ☒ Delete  
NAME SERRATA, ESMERALDA  
STREET ADDRESS 1800 FARM WORKERS WAY  
CITY-ST-ZIP IMOKALEE FL 33934-5544

TITLE S/D ☐ Delete  
NAME BROTHERS, LORIE  
STREET ADDRESS 8444 GASKIN RD.  
CITY-ST-ZIP BALDWINVILLE NY 13027

TITLE VD ☒ Delete  
NAME LEWIS, JUDITH  
STREET ADDRESS 516 BURT ST  
CITY-ST-ZIP SYRACUSE NY 13202

TITLE T ☐ Delete  
NAME MIRANDO, JAMES  
STREET ADDRESS 737D RESERVOIR ST  
CITY-ST-ZIP ELMIRA NY 14905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Bill Simmons  
STREET ADDRESS 516 Burt St.  
CITY-ST-ZIP Syracuse, N.Y. 13202

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME Richard Miller  
STREET ADDRESS 52 Division St.  
CITY-ST-ZIP Amsterdam, N.Y. 12010

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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 Brothers S/D*

*Apr. 23, 2008 315-422-1488*