

FILED
Feb 06, 2006 8:00 am
Secretary of State

60012364

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what is to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete them.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves assessing the outcomes against the objectives and goals and identifying any lessons learned for future projects.

DOCUMENT # N95000005288				Secretary of State 02-06-2006 90071 001 ****61.25	
1. Entity Name VENICE AREA COMPUTER USERS GROUP, INC.				60012364 	
Principal Place of Business 101 VENICE AVE W SUITE 24 VENICE, FL 34285 US		Mailing Address P O BOX 33 NOKOMIS, FL 33274-0033 US			
2. Principal Place of Business		3. Mailing Address		01162006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0643408	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	
Dorothy Kellogg 1781 Kilruss Dr. Venice, Fl. 34292				Name Dorothy Kellogg Street Address (P.O. Box Number is Not Acceptable) 1781 Kilruss dr City Venice FL Zip Code 34292	
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: Dorothy Kellogg, Treasurer 1/24/06 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, JUDY P.O. BOX 33 NOKOMIS, FL 33274	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Briner, David P.O. Box 33 Nokomis, Fl. 33274	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRINER, DAVID PO BOX 33 NOKOMIS, FL 33274	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pedro Galvez P.O. Box 33 Nokomis, Fl. 33274	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYER, CAROL PO BOX 33 NOKOMIS, FL 33274	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Kim Griffin P.O. Box 33 Nokomis, Fl. 33274	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUTTER, LARRY P.O. BOX 33 NOKOMIS, FL 33274	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Dorothy Kellogg P.O. Box 33 Nokomis, Fl. 33274	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Dorothy Kellogg Dorothy Kellogg 1/24/06 941-485-3514 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					