

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90091 035 ****61.25

DOCUMENT # N96000001139

1. Corporation Name

ST. AUGUSTINE IBM USER GROUP, INC.

Principal Place of Business

31 ORANGE ST
ST AUGUSTINE FL 32084
US

Mailing Address

PO BOX 4301
ST AUGUSTINE FL 32085-4301
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 32085-4301 30

3. Date Incorporated or Qualified

02/28/1996

4. FEI Number

59-3353786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KUMMERO, V E JR
4213 WICKS BRANCH RD
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name ~~DAVID HARRIS, FRED~~
82 Street Address (P.O. Box Number is Not Acceptable)
~~8270 MCOLEE ROAD~~
83 31 ORANGE ST.
84 City ST AUGUSTINE FL 85 Zip Code 32084

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	KUMMERO, V	4213 WICKS BRANCH RD	ST AUGUSTINE FL 32086	<input type="checkbox"/>
P	TARRANT, S. R	916 ALCALA DR.	ST AUGUSTINE FL 32086	<input checked="" type="checkbox"/>
T	JAMES, PAULA	4256 WICKS BRANCH RD.	ST AUGUSTINE FL	<input type="checkbox"/>
D	HARRIS, F	31 ORANGE ST	ST AUGUSTINE FL 32084	<input type="checkbox"/>
S	MILLER, DAVID	8270 MCOLEE RD.	ST AUGUSTINE FL	<input type="checkbox"/>
D	WATNER, H C JR	700 PINEHURST PL	ST AUGUSTINE FL 32084	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	DIRECTOR			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	DIRECTOR			<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
V. (VICE PRESIDENT)				<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	TREASURER			<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	PRESIDENT			<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	SECRETARY			<input type="checkbox"/>	<input checked="" type="checkbox"/>
BISHOP, CLAIRE				<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 ORANGE ST				<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST AUGUSTINE, FL 32084				<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRED HARRIS 3/2/99 904 824 9898

CR2E037 (11/98)