

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000005915

1. Entity Name
CITRUS MACINTOSH USERS GROUP, INCORPORATED



Principal Place of Business
PO BOX 641112
BEVERLY HILLS, FL 34464 US

Mailing Address
PO BOX 641112
BEVERLY HILLS, FL 34464 US



07192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0703634

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERRIN, CURTIS
9407 E STEPPES CT.
INVERNESS, FL 34450

**DO NOT WRITE
IN THIS SPACE**

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

(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. ☐

\$5.00 May Be
Added to Fees

U00000770232
07/24/07-80007-007 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERRIN, CURTIS PRES
9407 E STEPPES CT.
INVERNESS, FL 34450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DEPINTO, VITO SEC
4085 N. RINGWOOD CIRCLE
HERNANDO, FL 34442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DEPINTO, JULIE TREAS
4085 N. RINGWOOD CIRCLE
HERNANDO, FL 34442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

Julie DePinto
Julie DePinto

7/19/07

352-726-4787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #