## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT 1997



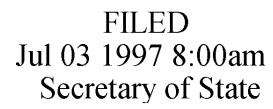
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000006468 (0)

FLORIDA PEOPLESOFT USERS GROUP, INC.





Principal Place of Business Mailing Addres			3		
2031 LOCUST ST NE ST PETERSBURG FL 33704		2031 LOCUST ST NE ST PETERSBURG FL 33704-4653			
					3. Date Incorporated or Qualified 3a. Date of Last Report 12/19/1996
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address		4. FEI Number For
21		26			59-34//9/4 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
1	Country	Zip	Cour	itry	8. This corporation has liability for intangible tax under s. 199,032,
24	25 9. Name and Address of Curre		30		Florida Statutes Yes 70
	y, walle and Address of Curre	ant Registered Agent		81 Name	10. Name and Address of New Registered Agent
CALINDA	TOO OCCUT !			Name	3
SAUNDERS, SCOTT A			Ī	82 Stree	t Address (P.O. Box Number is Not Acceptable)
2031 LOCUST ST NE ST PETERSBURG FL 33704			-	B3	
SI PEIE	HODUNG PL 33/04		- 1	P3	
				B4 City	FL 85 Zip Code
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.					
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					
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.9 111	.E	Director Change Addition
NAME	BERRY, PEGGY		1.2 NAI	AE .	L. SEBASTIAN ALEGRETT
STREET ADDRESS	18928 ST LAURENT DR		1.3 STF	EET ADDRESS	906 ESCOBAR
CITY-ST-ZIP	LUTZ FL 33549		1.4 CIT	/-ST-ZIP	CORAL GABLES, FL 33/34 DIRECTOR Change Addition
TITLE	D	☐ DELETE	2.1 THT	.E	
NAME	CHIN, BRENDA		2 2 NA	AE.	SUSANNE KINSELLA SOL SOUTH FREMONT #105
STREET ADDRESS	6107 SCHOONER WAY		2.3 STR	eet address	
CITY-ST-ZIP	TAMPA FL 33615			Y-ST-ZIP	TAMPA, FL 33 606
TITLE	D PLANT BLOW	DELETE	3.1 TITU		Change Addition
NAME	JENSEN, RICK		3.2 NA	AE .	
STREET ADDRESS	7634 CLUBHOUSE ESTATES	5 DR	3.3 STR	EET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		→	Y-ST-ZIP	
TITLE	0	☐ DELETE	4.1 TITE	E	☐ Change ☐ Addition
NAME	WRIGHT, PHILIP		4. 2 NA	ΜE	
STREET ADDRESS	706 SCHUSTER RD SW		4.3 STR	EET ADDRESS	
CITY-ST-ZIP	PALM BEAY FL 32908			-ST-ZIP	
TITLE	D LANG	☐ DELETE	5.1 TITL	E	Change Addition
NAME	REYHER, JANIS		5.2 NAN	IE	
STREET ADDRESS	2259 ADAM CT		5.3 STR	EET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 33683	· · · · · · · · · · · · · · · · · · ·	5.4 CITY	'-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITL	E	Change Addition
NAME	SAUNDERS, SCOTT A		6.2 NAN	IE .	
STREET ADDRESS	2031 LOCUST ST NE		6.3 STR	ET ADDRESS	
CITY-ST-ZIP	ST PETERSBERG FL 33704		6.4 CIT)	-ST-2IP	

14. I do 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.