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Jul 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006468 (0)

1. Corporation Name

FLORIDA PEOPLESOF USERS GROUP, INC.



Principal Place of Business

Mailing Address

2031 LOCUST ST NE
ST PETERSBURG FL 33704

2031 LOCUST ST NE
ST PETERSBURG FL 33704-4653

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/19/1996

3a. Date of Last Report
N/A

4. FEI Number

58-3411914

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

SAUNDERS, SCOTT A
2031 LOCUST ST NE
ST PETERSBURG FL 33704

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BERRY, PEGGY
STREET ADDRESS 18928 ST LAURENT DR
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☐ DELETE
NAME CHIN, BRENDA
STREET ADDRESS 6107 SCHOONER WAY
CITY-ST-ZIP TAMPA FL 33615

TITLE D ☒ DELETE
NAME JENSEN, RICK
STREET ADDRESS 7634 CLUBHOUSE ESTATES DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☐ DELETE
NAME WRIGHT, PHILIP
STREET ADDRESS 706 SCHUSTER RD SW
CITY-ST-ZIP PALM BEAY FL 32908

TITLE D ☐ DELETE
NAME REYHER, JANIS
STREET ADDRESS 2259 ADAM CT
CITY-ST-ZIP PALM HARBOR FL 33683

TITLE D ☐ DELETE
NAME SAUNDERS, SCOTT A
STREET ADDRESS 2031 LOCUST ST NE
CITY-ST-ZIP ST PETERSBERG FL 33704

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME L. SEBASTIAN ALEGRETT
1.3 STREET ADDRESS 906 ESCOBAR
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME SUSANNE KINSELLA
2.3 STREET ADDRESS 502 SOUTH FREMONT #105
2.4 CITY-ST-ZIP TAMPA, FL 33606

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)