

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90335 031 ****61.25

DOCUMENT # N99000001730 1. Entity Name MISER USERS GROUP INCORPORATED					
Principal Place of Business 1133 W MORSE BLVD, SUITE 201 WINTER PARK, FL 32789				Mailing Address 1133 W MORSE BLVD, SUITE 201 WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # 341 N. Maitland Avenue Suite, Apt. #, etc. Suite 130		3. Mailing Address 341 N. Maitland Avenue Suite, Apt. #, etc. Suite 130			
City & State Maitland, FL		City & State Maitland, FL		4. FEI Number 31-1231090	
Zip 32751		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PYSTER, PHIL 1133 W MORSE BLVD, SUITE 201 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 341 N. Maitland Avenue, Suite 130 Maitland, FL 32751 City Maitland FL Zip Code 32751	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D KING, GEORGE 161 HARRISTOWN ROAD GLEN ROCK, NJ 07452	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIEST, DAVID 353 W. LANCASTER AVE., #300 WAYNE, PA 19087	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAS, LYNN 11350 MCCORMICK RD EP2 HUNT VALLEY, MD 21031	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINBOTHAM, EARL 4949 BLANDING BLVD. JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOSS, CINDY 15 SCOTTS CORNERS DRIVE MONTGOMERY, NY 12549	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRANOVA, MAUREEN 858 W. MAIN STREET MIDDLETOWN, RI 02842	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, KELLY P.O. BOX 250 SKOWHEGAN, ME 04976	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENWORTHY, SHELLEY 1030 15TH STREET BEDFORD, IN 47421	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, ANDREW 1931 COTTMAN AVENUE PHILADELPHIA, PA 19111	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRANOVA, MAUREEN 858 W. MAIN STREET MIDDLETOWN, RI 02842	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THERRIEN, BETTY 49 CHURCH STREET WHITINSVILLE, MA 01588	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENWORTHY, SHELLEY 1030 15TH STREET BEDFORD, IN 47421	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Betty A. Therrien</u> BETTY A. THERRIEN <u>4/9/07</u> <u>407-647-8839</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					