## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004977

FILED Jan 19, 2004 Secretary of State

Entity Name: FLORIDA ORACLE APPLICATIONS USER GROUP, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	EN GATE DR :DRA, FL 328				
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
	EN GATE DR DRA, FL 328				
FEI Number:	65-0948113	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	s of New Registered Agent:	
PONTE VE The above in the State	EN GATE DR DRA, FL 328 named entity : of Florida.	02	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			nt	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BATCHELOR, F 4555 RIVERSI		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) PAPA, TONY 1188 LINWOOI JACKSONVILLI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD ( ) EDINGER, TAM 4980 BAYLINE NORTH FT MYI	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD ( ) VERSTEEG, NI 116 GARDEN O PONTE VEDRA	SATE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) ABDULKADER, 9319 PINE ME, ORLANDO, FL	ADOWS CT	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD BATCHELOR CD 01/19/2004