

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004977

FILED
Apr 22, 2007
Secretary of State

Entity Name: FLORIDA ORACLE APPLICATIONS USER GROUP, INC.

Current Principal Place of Business:

116 GARDEN GATE DRIVE
PONTE VEDRA, FL 32082

New Principal Place of Business:

9319 PINE MEADOWS COURT
ORLANDO, FL 32825 US

Current Mailing Address:

116 GARDEN GATE DRIVE
PONTE VEDRA, FL 32082

New Mailing Address:

9319 PINE MEADOWS COURT
ORLANDO, FL 32825 US

FEI Number: 65-0948113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERSTEEG, NEIL W
116 GARDEN GATE DRIVE
PONTE VEDRA, FL 32802 US

Name and Address of New Registered Agent:

ABDULKADER, LOUISE A
9319 PINE MEADOWS COURT
ORLANDO, FL FL 32825 US

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.

SIGNATURE: LOUISE ABDULKADER

04/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: PAPA, TONY
Address: 1188 LINWOOD LOOP
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: ABDULKADER, LOUISE
Address: 9319 PINE MEADOWS COURT
City-St-Zip: ORLANDO, FL 32825

Title: SD () Delete
Name: SCHWOERER, PETER
Address: 605 MARKET STREET, APT 220
City-St-Zip: KISSIMMEE, FL 34747

Title: TD () Delete
Name: VERSTEEG, NEIL
Address: 116 GARDEN GATE DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. (X) Change () Addition
Name: ABDULKADER, LOUISE A
Address: 9319 PINE MEADOWS COURT
City-St-Zip: ORLANDO, FL 32825 US

Title: MS. (X) Change () Addition
Name: CHANDLALL, SONIA
Address: 405 S. DALE MABRY HWY, SUITE 314
City-St-Zip: TAMPA, FL 33609 US

Title: MR. (X) Change () Addition
Name: SCHWOERER, PETER
Address: 605 MARKET STREET, APT 220
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MRS. (X) Change () Addition
Name: STEYN, CRISTIN
Address: 13506 SUMMERPORT VILLAGE PKWY SUITE 149
City-St-Zip: WINDEMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LOUISE ABDULKADER

MRS.

04/22/2007

Electronic Signature of Signing Officer or Director

Date