

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004977

FILED  
May 29, 2009  
Secretary of State

Entity Name: FLORIDA ORACLE APPLICATIONS USER GROUP, INC.

## Current Principal Place of Business:

<UNUSED>  
ORLANDO, FL 32825 US

## New Principal Place of Business:

ONE FOURTH STREET NORTH  
CHRISTINE WEST - ICS 2ND FLOOR  
ST PETERSBURG, FL 33731

## Current Mailing Address:

9319 PINE MEADOWS COURT  
ORLANDO, FL 32825 US

## New Mailing Address:

P O BOX 2842  
CHRISTINE WEST - ICS 2ND FLOOR  
ST. PETERSBURG, FL 33731 US

FEI Number: 65-0948113      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WEST, CHRISTINE M MRS  
6495 76TH TERRACE NORTH  
PINELLAS PARK, FL 33781 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: CHRISTINE M WEST

05/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change ( ) Addition  
Name: WEST, CHRISTINE M MRS  
Address: 6495 76TH TERRACE NORTH  
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINE M WEST

MRS

05/29/2009

Electronic Signature of Signing Officer or Director

Date