

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004977

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA ORACLE APPLICATIONS USER GROUP, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0948113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: MRS  
Name: JUREY-SMITH, ALLISON MRS  
Address: 4100 GEORGE J. BEAN PARKWAY  
City-St-Zip: TAMPA, FL 33607 US

Title: MRS  
Name: SHARON, PEARISO MRS  
Address: 9640 SE 136TH PLACE  
City-St-Zip: SUMMERFIELD, FL 34491 US

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE M WEST

MRS

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date