

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007640

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** CITIZENS FOR RESPONSIBLE GROWTH, INC.

**Current Principal Place of Business:**

8505 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32941

**New Principal Place of Business:**

8505 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

P.O. BOX 411493  
MELBOURNE, FL 32952

**New Mailing Address:**

P.O. BOX 411493  
MELBOURNE, FL 32941

**FEI Number:** 59-3752518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JURGENS, J.A.  
505 WEKIVA SPRINGS RD., STE. 500  
LONGWOOD, FL 32779 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: PD ( ) Delete  
Name: HOAGLAND, MELISSA H  
Address: 8505 SOUTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD ( ) Delete  
Name: HOAGLAND, GUY  
Address: 8505 SOUTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TSD ( ) Delete  
Name: ROGAN, BOB  
Address: 1024 LENNOX WAY  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BOB ROGAN

TSD

04/14/2008

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

\_\_\_\_\_  
Date