2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N02000000143

Entity Name: THE COALITION TO PROTECT FLORIDA'S ECONOMY, INC.

Current Principal Place of Business:

325 W. COLLEGE AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

325 W. COLLEGE AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-0006600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, HOWARD E
200 S. MONROE ST.
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: ADAMS, HOWARD E
Address: 200 S. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST ( ) Delete
Name: ANDERSON, KATHRYN B
Address: PO BOX 5437
City-St-Zip: TALLAHASSEE, FL 32314

Title: D (X) Delete
Name: LAVIGNE, ANDREW
Address: PO BOX 89
City-St-Zip: LAKELAND, FL 33802

Title: D (X) Delete
Name: ARD, SAM
Address: P.O. BOX 1874
City-St-Zip: TALLAHASSEE, FL 32302

Title: D (X) Delete
Name: VEISSE, MAURICE
Address: 7800 RED ROAD, SUITE 301
City-St-Zip: S. MIAMI, FL 33143

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:

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: KATHRYN B ANDERSON MS 04/11/2008

Electronic Signature of Signing Officer or Director — Date