

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 19, 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:**ANDERSON, KATHRYN B
325 W COLLEGE AVE
TALLAHASSEE, FL 32301 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: KATHRYN B ANDERSON

06/19/2008

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PARKS, BEN G
Address: P.O. BOX 147030
City-St-Zip: GAINESVILLE, FL 32608 53

Title: PST (X) Change () Addition
Name: ANDERSON, KATHRYN B
Address: PO BOX 5437
City-St-Zip: TALLAHASSEE, FL 32314

Title: D () Change (X) Addition
Name: GREEN, JENNIFER J
Address: 325 W COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301

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

06/19/2008

Electronic Signature of Signing Officer or Director

Date