


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004396 1. Entity Name COALITION FOR ANTI-URBAN SPRAWL AND THE ENVIRONMENT, INC.	
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Principal Place of Business 1535 OSOWAW BLVD SPRING HILL, FL 34607	Mailing Address PO BOX 3132 SPRING HILL, FL 34611
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05092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2368179	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ERDRICH, ARLINE 1535 OSOWAW BLVD SPRING HILL, FL 34607
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D PRESCOTT, LINDA 3402 AMBERJACK HERNANDO BEACH, FL 34607
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D ERDRICH, ARLINE PO BOX 569 ARIPEKA, FL 34679
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D ADKINS, CHRISTINE 8014 PICKETTS COURT WEEKI WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D MERRIGAN, KATHY 2371 DUSTIN CIRCLE SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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05/12/04-80007-021 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE ADKINS 5/09/04 352-442-1218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #