

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003489

1. Entity Name
COALITION 4 RESPONSIBLE GROWTH, INC.



Principal Place of Business
2504 AYERS HILL COURT
LUTZ, FL 33559

Mailing Address
2504 AYERS HILL COURT
LUTZ, FL 33559



04302008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-2667252

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAHR, ARDYTH
19115 ALICE CIRCLE
LUTZ, FL 33558

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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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000941945
05/28/08-80127-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAYNE, DENISE
STREET ADDRESS	2504 AYERS HILL COURT
CITY-ST-ZIP	LUTZ, FL 33559
TITLE	ST
NAME	BAHR, ARDYTH
STREET ADDRESS	19115 ALICE CIRCLE
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Denise D. Layne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENISE D. LAYNE
PRESIDENT

4-30-08

Date

813-246-0485

Daytime Phone #