



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N05000004033 1. Entity Name PERSPECTIVES ON GROWTH AND DEVELOPMENT, INC.	
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Principal Place of Business 8620-381 NW 13TH STREET GAINESVILLE, FL 32653	Mailing Address 8620-381 NW 13TH STREET GAINESVILLE, FL 32653
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DO NOT WRITE IN THIS SPACE

	
01112007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 04-3812572	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOLLER, ELIZABETH A 8620-381 NW 13TH STREET GAINESVILLE, FL 32653
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000854770 03/13/07-80077-005 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOLLER, ELIZABETH A 8620-381 NW 13TH STREET GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROGERS, JULIA 608 J.C. NORTON ROAD WARRENSVILLE, NC 28693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNN, RICHARD P.O. BOX 220395 CHARLOTTE, NC 28209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELTON, JENNIFER DEPUTY 6029 LURA ROAD WINSTON-SALEM, NC 27104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Elizabeth A. Koller</u> Elizabeth A. Koller	<u>2-21-2007</u>	<u>828-758-9551</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			