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

FILED Apr 11, 2007 8:00 am Secretary of State

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COALITION FOR BETTER COMMUNITIES, INC.



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Monitory Address of SURITH MONROE STREET TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.O. Box #								<u> 185</u>					
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite Apt. 4, etc.	200 SOUTH MONROE STREET 20			200	200 South Monroe Street Tallahassee, Fl 32301			40056867					
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See Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. or registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent.	City & State			Cit	City & State					533713	36		
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SIVITE 3119 TALLAHASSEE, FL 32301 City FL Zip Code City FL Zip C				3			Name						
TALLAHASSEE, FL 32301 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symbox.n. poed or private name of impatered agent and share a substate. (POTE Registered Agent sopature required when remailably) DATE Filling Fee is \$61.25	200 SOUTH MONROE STREET						Street Address (P.O. Box Number is Not Acceptable)						
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			32301							*	•		
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I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPEY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-587-1435