

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012363

FILED
Mar 27, 2009
Secretary of State

Entity Name: THE SMART GROWTH COALITION OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

22120 NE 151ST LANE
SALT SPRINGS, FL 32134

New Principal Place of Business:

Current Mailing Address:

PO BOX 279
FT MCCOY, FL 32134

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIELLING, MARGY C
22120 NE 151ST LANE
SALT SPRINGS, FL 32134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEGLEY, TOM
Address: 7885 NW 19TH STREET
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: BIELLING, MARGY C
Address: 22120 NE 151ST LANE
City-St-Zip: SALT SPRINGS, FL 32134

Title: D () Delete
Name: DISCLAFANI, DONNA
Address: 1822 S.E. 22ND PLACE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: DUNN, JOHN
Address: 222 SE 29TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: DUNN, SUSAN
Address: 222 SE 29TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: MCINTOSH, VIRGINIA E
Address: 14711 NE 21ST PLACE
City-St-Zip: SILVER SPRINGS, FL 34488

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA DISCLAFANI

MS.

03/27/2009

Electronic Signature of Signing Officer or Director

Date