2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N07000000439

Entity Name: THE COALITION FOR RESPONSIBLE GROWTH, INC.

Current Principal Place of Business:

203 NE 1ST ST.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

203 NE 1ST ST.
GAINESVILLE, FL 32601

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:

JOPLING, JOHN D
203 NE 1ST ST
GAINESVILLE, FL 32605 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:	PD	( ) Delete
Name:	JOPLING, JOHN D	
Address:	203 NE 1ST STREET	
City-St-Zip:	GAINESVILLE, FL 32602	
Title:	D	( ) Delete
Name:	DAVIDSON, KIM	
Address:	4707-B NW 53RD STREET	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	D	( ) Delete
Name:	KEEN, LARRY	
Address:	5317 NW 55TH LANE	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	D	( ) Delete
Name:	LADENHEIM, MELANIE	
Address:	5626 NW 84TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	D	( ) Delete
Name:	BROWNING, BEV	
Address:	5915 NW 95TH WAY	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	D	( ) Delete
Name:	DAVIDSON, JIB	
Address:	6425 NW 54TH WAY	
City-St-Zip:	GAINESVILLE, FL 32653	

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: MELANIE LADENHEIM D 04/21/2009

Electronic Signature of Signing Officer or Director — Date