2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90113 039 ****70.00

DOCUMENT # N29650

1. Entity Name
RESPONSIBLE GROWTH MANAGEMENT COALITION, INC.

60012253

Principal Place of Business	Mailing Address
P O BOX 1926 FORT MYERS, FL 33902 US	P O BOX 1926 FORT MYERS, FL 33902 US

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0104404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ANDOSCIA, MICHAEL D MR.~~ ~~110 NE 23RD TERR~~ ~~CAPE CORAL, FL 33909~~	Name URICH, David A Street Address (P.O. Box Number is Not Acceptable) 3919 McKinley Ave City Fort Myers, FL Zip Code 33901

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 David A. Urich (David A. Urich) (President) 2-2-07
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, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ANDOSCIA, MICHAEL 3919 MCKINLEY AVE FORT MYERS, FL 33901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Wieland, Loren Mr. 19021 Acorn Rd, S.E. Fort Myers, FL 33912	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BOYD~~, ELLIE MS. 1180 HOMESTEAD LANE FORT MYERS, FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DEMERS, NORA 17493 LAUREL VALLEY ROAD FT. MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP URICH, DAVID MR. 3919 MCKINLEY AVENUE FORT MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BIREMA, ALISSA P O BOX 1588 FORT MYERS, FL 33902	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Daltry, Wyatt 3706 S.E. 21st Place Cape Coral, FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~WIELAND~~, LOREN MR. 19021 ACORN ROAD, S.E. FT. MYERS, FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Peterson, Ellen P.O. Box 345 Estero, FL 33928	☒ Change ☐ Addition

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: David A. Urich (David A. Urich) 2-2-07 (239)850-2413 (cell)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #