


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90022 017 ****70.00

DOCUMENT # N29650			
1. Entity Name RESPONSIBLE GROWTH MANAGEMENT COALITION, INC.			
Principal Place of Business P O BOX 1826 FORT MYERS, FL 33902 US		Mailing Address P O BOX 1826 FORT MYERS, FL 33902 US	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
URICH, DAVID A 3919 MCKINLEY AVE FORT MYERS, FL 33901		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WIELAND, LOREN MR 19021 ACORD RD SE FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYD, ELLIE MS. 1180 HOMESTEAD LANE FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE DP NAME STREET ADDRESS CITY - ST - ZIP	Director/President (same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DEMERS, NORA 17493 LAUREL VALLEY ROAD FT. MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP URICH, DAVID MR. 3919 MCKINLEY AVENUE FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE DT NAME STREET ADDRESS CITY - ST - ZIP	Director/Treasurer (same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT <input checked="" type="checkbox"/> Delete DALTRY, WYATT 3706 SE 21ST PLACE CAPE CORAL, FL 33904	TITLE D NAME STREET ADDRESS CITY - ST - ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carl Veaux 3706 SE 21st Place Cape Coral, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSON, ELLEN PO BOX 345 ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 - Treasurer		3/3/08 (239)939-0064	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40030300



03022008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0104404 Applied For
Not Applicable

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

David A. Urich