2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29650

FILED Jan 31, 2009 Secretary of State

Entity Name: RESPONSIBLE GROWTH MANAGEMENT COALITION, INC.

Current Principal Place of Business:			New Principal Place of Business:	
O BOX ORT MY	1826 ERS, FL 33902 US		INLEY AVE ERS, FL 33901 US	
urrent Mailing Address:		New Maili	New Mailing Address:	
O BOX ORT MY	1826 ERS, FL 33902 US			
El Number	:: 65-0104404 FEI Number Applied For()	El Number Not App	licable () Certificate of Status Desired (X)	
ame and	d Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
	AVID A (INLEY AVE ERS, FL 33901 US			
	e named entity submits this statement for the purpe of Florida.	oose of changing	its registered office or registered agent, or both,	
GNATU				
	Electronic Signature of Registered Agent		Date	
FFICER	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
tle: ame: ldress: ty-St-Zip:	DV () Delete WIELAND, LOREN MR 19021 ACORD RD SE FORT MYERS, FL 33912	Title: Name: Address: City-St-Zip:	() Change () Addition	
tle: ame:	DP () Delete BOYD, ELLIE MS.	Title: Name:	DP (X) Change () Addition GRUNINGER, BOBBIE LEE MRS 8870 SPRINGWOOD COURT	
ddress: ty-St-Zip:	1180 HOMESTEAD LANE FORT MYERS, FL 33905 US	Address: City-St-Zip:	BONITA SPRINGS, FL 34135 US	
ldress:	1180 HOMESTEAD LANE			
ldress: ty-St-Zip: le: ime: ldress:	1180 HOMESTEAD LANE FORT MYERS, FL 33905 US DS () Delete DEMERS, NORA 17493 LAUREL VALLEY ROAD	City-St-Zip: Title: Name: Address:	BONITA SPRINGS, FL 34135 US DS (X) Change () Addition EHAT, DONALD MR. 11550 WOODMOUNT LANE	
dress: cy-St-Zip: le: me: dress: cy-St-Zip: le: me: dress: dress:	1180 HOMESTEAD LANE FORT MYERS, FL 33905 US DS () Delete DEMERS, NORA 17493 LAUREL VALLEY ROAD FT. MYERS, FL 33912 DT () Delete URICH, DAVID MR. 3919 MCKINLEY AVENUE	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BONITA SPRINGS, FL 34135 US DS (X) Change () Addition EHAT, DONALD MR. 11550 WOODMOUNT LANE ESTERO, FL 33928	

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: DAVID A. URICH DT 01/31/2009