


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N33008** (6)
1. Corporation Name
COALITION FOR POSITIVE GROWTH MANAGEMENT, INC.



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| Principal Place of Business 3102 ORTEGA DR TALLAHASSEE FL 32312-1835 US | Mailing Address 3102 ORTEGA DR TALLAHASSEE FL 32312-1835 US |
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| 2. Principal Place of Business 21 1435 E. Piedmont Dr. Suite, Apt. #, etc. 22 #202 City & State 23 Tallahassee, FL Zip 24 32312 Country 25 USA | 2a. Mailing Address 26 1435 E. Piedmont Dr. Suite, Apt. #, etc. 27 #202 City & State 28 Tallahassee, FL Zip 29 32312 Country 30 USA |
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| 3. Date Incorporated or Qualified 06/28/1989 | 3a. Date of Last Report 04/11/1996 |
| 4. FEI Number 59-3055334 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent MCGREGOR, RUSSELL M 3102 ORTEGA DR. TALLAHASSEE FL 32312 |
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| 10. Name and Address of New Registered Agent 81 Name Henree Martin 82 Street Address (P.O. Box Number is Not Acceptable) 1435 E. Piedmont Dr. 83 #202 84 City Tallahassee FL 85 Zip Code 32312 |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Henree Martin* **Henree Martin** **4-3097**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE PO MCGREGOR, RUSSELL 3102 ORTEGA DR. TALLAHASSEE FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE D SPERRY, TODD 4800 WOODLAND CR. TALLAHASSEE FL 32303 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE D GLASS, VIRGINIA 1300 METROPOLITAN BLVD TALLAHASSEE FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
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| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Henree Martin 1435 E. Piedmont Dr. #202 Tallahassee, FL 32312 |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President Rick Wolfarth 1500 Skipper Lane Tallahassee FL 32311 |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer/Secretary Lisa Stream 106 E. College Ave. #1200 Tallahassee, FL 32301 |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Lisa Stream* **Lisa Stream** **79-97** **774-0134**

CR2E037 (9/96)