


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33008** (6)  
1. Corporation Name  
**COALITION FOR POSITIVE GROWTH MANAGEMENT, INC.**



Principal Place of Business <b>1435 E PIEDMONT DR #202 TALLAHASSEE FL 32312 US</b>	Mailing Address <b>1435 PIEDMONT DR #202 TALLAHASSEE FL 32312 US</b>
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2. Principal Place of Business 21 <b>7500 SKIPPER LANE</b> Suite, Apt. #, etc. 22 City & State 23 <b>TALLAHASSEE, FL</b> Zip Country 24 <b>32311</b> 25 <b>US</b>	2a. Mailing Address 26 <b>7500 SKIPPER LANE</b> Suite, Apt. #, etc. 27 City & State 28 <b>TALLAHASSEE, FL</b> Zip Country 29 <b>32311</b> 30 <b>US</b>
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3. Date Incorporated or Qualified <b>06/28/1989</b>	4. FEI Number <b>59-3055334</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>MARTIN, HENREE 1435 E PIEDMONT DR #202 TALLAHASSEE FL 32312</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MARTIN, HENREE 1435 E PIEDMONT DR, #202 TALLAHASSEE FL	1.1 TITLE	DP WOLFARTH, RICK 7500 SKIPPER LANE TALLAHASSEE, FL 32311
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVP WOLFARTH, RICK 7500 SKIPPER LANE TALLAHASSEE FL	2.1 TITLE	DVP BRUCE WIENER 130 THOMASWOOD DRIVE TALLAHASSEE, FL 32308
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DTS STREAM, LISA 106 E COLLEGE AVE, #1200 TALLAHASSEE FL	3.1 TITLE	DTS ECKLAND, JENNA 150 S. MONROE ST. TALLAHASSEE, FL 32301
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	DP WOLFARTH, RICK 7500 SKIPPER LANE TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DVP BRUCE WIENER 130 THOMASWOOD DRIVE TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DTS ECKLAND, JENNA 150 S. MONROE ST. TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 this address.

SIGNATURE: *Jenna A. Eckland* Sec. / Treasurer 2-10-98

CP2E037 (10/97)