

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33008

1. Corporation Name

COALITION FOR POSITIVE GROWTH MANAGEMENT, INC.

Principal Place of Business

7500 SKIPPER LN
TALLAHASSEE FL 32311
US

Mailing Address

7500 SKIPPER LN
TALLAHASSEE FL 32311
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1300 THOMASWOOD DR.	26 1300 THOMASWOOD	06/28/1989
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
		59-3055334
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Tallahassee, FL	Tallahassee, FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	29 Zip	
32308	32308	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, HENREE
1435 E PIEDMONT DR
#202
TALLAHASSEE FL 32312

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
BRUCE WIENER	1300 THOMASWOOD DRIVE		Tallahassee	FL 32308

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-26-99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	DP
NAME	BRUCE WIENER	1.2 NAME	
STREET ADDRESS	1300 THOMASWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee FL 32308	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	DVP
NAME	WOLFARTH, RICK	2.2 NAME	CASSANDRA HARBIN
STREET ADDRESS	7500 SKIPPER LANE	2.3 STREET ADDRESS	1300 METROPOLITAN BLVD
CITY-ST-ZIP	Tallahassee FL 32311	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	DTS	3.1 TITLE	DTS
NAME	ECKLAND, JENNA	3.2 NAME	MARK HINRICHS
STREET ADDRESS	150 S MONROE ST	3.3 STREET ADDRESS	217 JOHN KNOX ROAD
CITY-ST-ZIP	Tallahassee FL 32301	3.4 CITY-ST-ZIP	Tallahassee, FL 32303
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	

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 1999

850-385-0070

CR2E037 (11/98)