

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

02-19-2003 90021 024 ****61.25

DOCUMENT # N33008

1. Entity Name

COALITION FOR POSITIVE GROWTH MANAGEMENT, INC.



Principal Place of Business

**508-A CAPITAL CIRCLE SE
TALLAHASSEE FL 32301
US**

Mailing Address

**508-A CAPITAL CIRCLE SE
TALLAHASSEE FL 32301
US**

2. Principal Place of Business

4800 Woodlane Circle

Suite, Apt. #, etc.

N/A

City & State

Tallahassee, Florida

Zip

32303

Country

USA

3. Mailing Address

4800 Woodlane Circle

Suite, Apt. #, etc.

N/A

City & State

Tallahassee, Florida

Zip

32303

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3055334**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

**BOSTWICK, JAY
4800 WOODLANE CIRCLE
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

John Riddle

Street Address (P.O. Box Number is Not Acceptable)

1519 Killearn Center Blvd.

City

Tallahassee

FL

Zip Code

32309

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

9/18/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BOSTWICK, JAY	
STREET ADDRESS	4800 WOODLANE CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	RIDDLE, JOHN	
STREET ADDRESS	1519 KILLEARN CENTER BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SAXON, FRED	
STREET ADDRESS	1306 HIDDEN TIMBERS PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LOWE, SHELLIE	
STREET ADDRESS	1400 METROPOLITAN BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DAS	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, KRISTEY	
STREET ADDRESS	4800 WOODLANE CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	John Riddle	
CITY-ST-ZIP	1519 Killearn Center Blvd. Tallahassee, Florida 32309	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	Kristey Boutwell	
CITY-ST-ZIP	4800 Woodlane Circle Tallahassee, Florida 32303	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Colleen Riddle	
CITY-ST-ZIP	1519 Killearn Center Blvd. Tallahassee, Florida 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/03

Date

Daytime Phone #

CR2E037 (10/02)