

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90078 044 \*\*\*\*61.25

**DOCUMENT # N97000007201**

1. Corporation Name

**COALITION FOR RESPONSIBLE ECONLOCKHATCHEE DEVELOPMENT, INC.**

Principal Place of Business

300 LAKE EVA DRIVE  
CHULUOTA FL 32766

Mailing Address

PO BOX 660306  
CHULUOTA FL 32766

413115-90078-44



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/26/1997

4. FEI Number

59-3400118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**RICH, MICHAEL D**  
**10078 CUSTER CIRCLE**  
**ORLANDO FL 32817**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P/D RICH, MICHAEL**  
STREET ADDRESS **10078 CUSTER CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ DELETE  
NAME **D GREENBAUM, LENNARD**  
STREET ADDRESS **1795 WILLINGHAM RD**  
CITY-ST-ZIP **OVIEDO FL 32766**

TITLE ☐ DELETE  
NAME **D BESSETTE, MARK**  
STREET ADDRESS **240 WEST 7TH ST**  
CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE ☒ DELETE  
NAME **D/S GROSSMAN, PAT**  
STREET ADDRESS **1668 CANOE CREEK ROAD**  
CITY-ST-ZIP **OVIEDO FL 32766**

TITLE ☒ DELETE  
NAME **T GILTNER, LISA**  
STREET ADDRESS **1795 WILLINGHAM RD**  
CITY-ST-ZIP **OVIEDO FL 32766**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **D/VP Besette, Mark**  
2.3 STREET ADDRESS **240 West 7th St**  
2.4 CITY-ST-ZIP **Chuluota, FL 32766**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Vaein, James**  
3.3 STREET ADDRESS **308 Kiwanis Circle**  
3.4 CITY-ST-ZIP **Chuluota, FL 32766**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **Kairys-Coursey, Susan**  
4.3 STREET ADDRESS **237 Overlook Drive**  
4.4 CITY-ST-ZIP **Chuluota, FL 32766**

5.1 TITLE ☒ Change ☒ Addition  
5.2 NAME **D/T Witmer, Karen K.**  
5.3 STREET ADDRESS **695 Riverwood Trail**  
5.4 CITY-ST-ZIP **Chuluota, FL 32766**

6.1 TITLE ☒ Change ☒ Addition  
6.2 NAME **D/S Schafer, Deborah**  
6.3 STREET ADDRESS **1740 Brumley Road**  
6.4 CITY-ST-ZIP **Chuluota, FL 32766**

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:

*Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 407-384-5129  
Date Daytime Phone #

CR2E037 (11/98)