


FILE NOW: FILING FEE IS \$61.25 AMENDED

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000007201			
1. Corporation Name COALITION FOR RESPONSIBLE ECONLOCKHATCHEE DEVELOPMENT, INC.			
Principal Place of Business 300 LAKE EVA DRIVE CHULUOTA, FL 32766		Mailing Address P.O. BOX 621047 OVIEDO, FL 32762-1047	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

99 OCT 18 AM 9:23

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 12/26/1997 4. FEI Number 59-3400118 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	
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9. Name and Address of Current Registered Agent MICHAEL D. RICH 300 LAKE EVA DRIVE CHULUOTA, FL 32766				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			
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P (D) <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL D. RICH	1.2 NAME	JAMES VALIN
STREET ADDRESS	P.O. BOX 660306	1.3 STREET ADDRESS	308 KIWANIS CIRCLE
CITY-ST-ZIP	CHULUOTA, FL 32766	1.4 CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK BESSETTE	2.2 NAME	
STREET ADDRESS	240 WEST 7TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA, FL 32766	2.4 CITY-ST-ZIP	
TITLE	(D) <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNARD GREENBAUM	3.2 NAME	300003025733--8
STREET ADDRESS	1795 WILLINGHAM ROAD	3.3 STREET ADDRESS	-10/27/99--01002--010
CITY-ST-ZIP	OVIEDO, FL 32766	3.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA GROSSMAN	4.2 NAME	
STREET ADDRESS	1668 CANOE CREEK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32766	4.4 CITY-ST-ZIP	
TITLE	MARK BESSETTE (D) <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS	240 WEST 7TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA, FL 32766	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Mark A. Besette MARK A BESSETTE 8-26-99 (407) 365-9553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)