

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N41213 (2)**  
1. Corporation Name  
**DESOTO CITIZENS AGAINST POLLUTION, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 2706 ARCADIA FL 33821** **P.O. BOX 2706 ARCADIA FL 33821**

3. Date Incorporated or Qualified **11/16/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 [ ] 26 [ ]  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 [ ] 27 [ ]  
City & State City & State  
23 [ ] 28 [ ]  
Zip Country Zip Country  
24 [ ] 25 [ ] 29 [ ] 30 [ ]

4. FEI Number **65-0241208** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BUCK-GREEN, BARBARA  
RT. 3, BOX 910H  
PLA LOT 19 A  
ARCADIA FL 33821**

10. Name and Address of New Registered Agent  
81 Name **CHASE, JOYCE A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1183 N.W. GIRL SCOUT RD.**  
83 [ ]  
84 City **ARCADIA** FL 85 Zip Code **33821**

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 **Joyce A. Chase** *Joyce A Chase* **4-9-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRENS, ALAN	1.2 NAME	BEHRENS, ALAN
STREET ADDRESS	RT.2, BOX 725-A-32	1.3 STREET ADDRESS	4070 S.W. ARMADILLO TRAIL
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP	ARCADIA FL 33821
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, GEORGE B.	2.2 NAME	
STREET ADDRESS	1183 GIRL SCOUT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	2.4 CITY-ST-ZIP	ZIP - 33821
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK-GREEN, BARBARA	3.2 NAME	BUCK-GREEN, BARBARA
STREET ADDRESS	RT.3, BOX 910H	3.3 STREET ADDRESS	20281 E. COUNTRY CLUB DR APT 205
CITY-ST-ZIP	ARCADIA FL	3.4 CITY-ST-ZIP	NORTH HAVEN BEACH, FL 33180
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, JOYCE A.	4.2 NAME	
STREET ADDRESS	1183 GIRL SCOUT RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	4.4 CITY-ST-ZIP	ZIP 33821
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MAURICE	5.2 NAME	
STREET ADDRESS	P.O. BOX 424 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	5.4 CITY-ST-ZIP	ZIP 33821
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LARAINNE POLLOCK
STREET ADDRESS		6.3 STREET ADDRESS	1261 S.W. NOMIE DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ARCADIA, FL 33821

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Joyce A Chase* **Joyce A. CHASE** **4/9/96** **941-993-0391**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)