


FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|  |   |
|--|---|
| Principal Place of Business<br><b>P.O. BOX 2706<br/>ARCADIA FL 33821</b> | Mailing Address<br><b>P.O. BOX 2706<br/>ARCADIA FL 34265-2706</b> |
|--|---|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>11/16/1990</b>  | 3a. Date of Last Report<br><b>04/15/1996</b> |
| 4. FEI Number<br><b>65-0241208</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24 <b>34265-2706</b>           | 29 <b>34265-2706</b>   |

9. Name and Address of Current Registered Agent  
**CHASE, JOYCE A.  
1183 NW GIRL SCOUT ROA  
ARCADIA FL 33821**

|   |
|---|
| 10. Name and Address of New Registered Agent          |
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code<br><b>FL 34266</b>                        |

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 |  | <input type="checkbox"/> DELETE            |
|----------------------------|--|--|
| TITLE                      | <b>DP</b>                                  |  |
| NAME                       | <b>BEHRENS, ALAN</b>                       |  |
| STREET ADDRESS             | <b>4070 SW ARMADILLO TRAIL</b>             |  |
| CITY-ST-ZIP                | <b>ARCADIA FL</b>                          |  |
| TITLE                      | <b>VD</b>                                  |  |
| NAME                       | <b>CHASE, GEORGE B.</b>                    |  |
| STREET ADDRESS             | <b>1183 GIRL SCOUT RD.</b>                 |  |
| CITY-ST-ZIP                | <b>ARCADIA FL</b>                          |  |
| TITLE                      | <b>SD</b>                                  | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>BUCK-GREEN, BARBARA</b>                 |  |
| STREET ADDRESS             | <b>20281 E. COUNTRY CLUB DRIVE APT 205</b> |  |
| CITY-ST-ZIP                | <b>NORTH MIAMI BEACH FL</b>                |  |
| TITLE                      | <b>TD</b>                                  |  |
| NAME                       | <b>CHASE, JOYCE A.</b>                     |  |
| STREET ADDRESS             | <b>1183 GIRL SCOUT RD.</b>                 |  |
| CITY-ST-ZIP                | <b>ARCADIA FL</b>                          |  |
| TITLE                      | <b>D</b>                                   |  |
| NAME                       | <b>BROWN, MAURICE</b>                      |  |
| STREET ADDRESS             | <b>P.O. BOX 424 N/A</b>                    |  |
| CITY-ST-ZIP                | <b>ARCADIA FL</b>                          |  |
| TITLE                      | <b>D</b>                                   |  |
| NAME                       | <b>POLLOCK, LARAIN</b>                     |  |
| STREET ADDRESS             | <b>1281 SW NOMIE DRIVE</b>                 |  |
| CITY-ST-ZIP                | <b>ARCADIA FL</b>                          |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|---|----------------------------|--|-----------------------------------|
| 1.1 TITLE   |                            |  |                                   |
| 1.2 NAME  |                            |  |                                   |
| 1.3 STREET ADDRESS                                    |                            |  |                                   |
| 1.4 CITY-ST-ZIP                                       |                            |  |                                   |
| 2.1 TITLE   |                            |  |                                   |
| 2.2 NAME  |                            |  |                                   |
| 2.3 STREET ADDRESS                                    |                            |  |                                   |
| 2.4 CITY-ST-ZIP                                       |                            |  |                                   |
| 3.1 TITLE   |                            |  |                                   |
| 3.2 NAME  |                            |  |                                   |
| 3.3 STREET ADDRESS                                    |                            |  |                                   |
| 3.4 CITY-ST-ZIP                                       |                            |  |                                   |
| 4.1 TITLE   |                            |  |                                   |
| 4.2 NAME  |                            |  |                                   |
| 4.3 STREET ADDRESS                                    |                            |  |                                   |
| 4.4 CITY-ST-ZIP                                       |                            |  |                                   |
| 5.1 TITLE   |                            |  |                                   |
| 5.2 NAME  |                            |  |                                   |
| 5.3 STREET ADDRESS                                    |                            |  |                                   |
| 5.4 CITY-ST-ZIP                                       |                            |  |                                   |
| 6.1 TITLE   | <b>SD</b>                  | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME  | <b>LARAIN POLLOCK</b>      |  |                                   |
| 6.3 STREET ADDRESS                                    | <b>1281 SW NOMIE DRIVE</b> |  |                                   |
| 6.4 CITY-ST-ZIP                                       | <b>ARCADIA, FL 34266</b>   |  |                                   |

14. I do 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.

SIGNATURE: *Joyce A. Chase* **Joyce A. Chase** **4/24/97** **941-993-0391**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063037

CFR2E037 (9/96)