


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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 030 ****61.25

DOCUMENT # N41213
1. Entity Name DeSoto Citizens Against Pollution, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4070 SW Armadillo Trail
Suite, Apt. #, etc. _____
City & State Arcadia, Fla.
Zip 34266 Country USA

3. Mailing Address 4070 SW Armadillo Trail
Suite, Apt. #, etc. _____
City & State Arcadia, Fla.
Zip 34266 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0241208 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Alan R. Behrens
Street Address (P.O. Box Number is Not Acceptable) 4070 SW Armadillo Trail
Arcadia
City FL Zip Code 34266

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 Alan R. Behrens April 25, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR Check

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Director - President</u> <u>Alan R. Behrens</u> <u>4070 SW Armadillo Trail</u> <u>Arcadia, Fla. 34266</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director - Vice Pres. - Treasurer</u> <u>Dennis Mader</u> <u>4224 Solomon Road</u> <u>Ona, Fla. 33865</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director - Secretary</u> <u>Tanya Bond</u> <u>3586 SW Armadillo Trail</u> <u>Arcadia, Fla. 34266</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Julia Mader</u> <u>4224 Solomon Road</u> <u>Ona, Fla. 33865</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Maurice Brown</u> <u>P.O. Box 424</u> <u>Arcadia Fla 34266</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>N/A</u>	TITLE 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)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alan R. Behrens Alan R. Behrens 4-25-03 (863)214-7947

CR2E037B (12/02)