

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 01, 2004
Secretary of State**

DOCUMENT# N00000001046

Entity Name: FACTS ABOUT ALTERNATIVES TO CHEMICAL TRESPASSING, INC.

Current Principal Place of Business:

P.O. BOX 5922
SARASOTA, FL 342775922

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5922
SARASOTA, FL 342775922

New Mailing Address:

FEI Number: 31-1695483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, ANN
2290 CLEMATIS ST
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAKER, ANNA
Address: 343 SHORE DR.
City-St-Zip: ELLENTON, FL 34222

Title: DP () Delete
Name: CASE, GLORIA
Address: 6403 BERKSHIRE PL.
City-St-Zip: UNIVERSITY PARK, FL 342012223

Title: D () Delete
Name: CLARK, CAROLYN
Address: 4571 BEACON DR.
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: MASON, ANN
Address: 2290 CLEMATIS ST
City-St-Zip: SARASOTA, FL 342393907

Title: D () Delete
Name: GACCIONE, VAL
Address: 5885 S. HWY. A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: GABRIEL, SALLY
Address: 417 BAYSIDE LANE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA CASE

P

03/01/2004

Electronic Signature of Signing Officer or Director

_____ Date