

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001046

FILED  
Apr 17, 2005  
Secretary of State

**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: 5685 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  
Name:  
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 L CASE

PRES

04/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date