

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001046

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2290 CLEMATIS ST  
SARASOTA, FL 34239

**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  
Name: HARPER, NANCY  
Address: 1649SWALLOW ST  
City-St-Zip: NAPERVILLE, IL 60565

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

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

I hereby 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 all other like empowered.

SIGNATURE: GLORIA CASE

PRES

03/08/2011

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

\_\_\_\_\_  
Date