## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1996

N41213 DOCUMENT #
1. Corporation Name

(2)

DESOTO CITIZENS AGAINST POLLLITION, INC.

	of Puriness				
Principal Place of Business		Mailing Address			
P.O. BOX 270 ARCADIA FL		P.O. BOX 2706 ARCADIA FL 33821			
				3. Date Incorporated or Qualified 11/16/1990	3a. Date of Last Report 05/01/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0241208	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	□ \$5.00 May Be
<b>23</b> Zip	Country	28		Trust Fund Contribution	Added to Fees
24	Country 25	Zip <b>29</b>	Country	8. This corporation has liability for int	• _
	9. Name and Address of Curre		30]	Florida Statutes  10. Name and Address of New Reg	Yes No
-			81 Name		<del></del>
BUCK-GI	REEN, BARBARA		LL	CHASE, GOYCE H	
RT. 3, BOX 910H			82 Street	Address (P.O. Box Number is Not Acceptable)	T RD.
PLA LOT			83	S M.W. GIRE SCOU	· 1 /C/2 .
	FL 33821				
			84 City	. CADIA	FL 85 3382/
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	the above-named o	ornoration submits this statement for the nume	see of changing its registered office
or register	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ilua. Such change was authorized	by the corporation's	s board of directors. I hereby accept the appoin	tment as registered agent. I am
SIGNATURE	JOYCE A. CLA		(6	a a Chase	11 0-91
SIGNATURE .	Signature, typed or printed name of registered ages	nt and title if applicable (NO*E	Registered April signiture	required when reinstating)	4-9-96 DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
THE	DP	☐ DELETE	1 1 TITLE	DP	Change Addition
NAME	BEHRENS, ALAN		1.2 NAME	BEHRENS, ALAN	T# 41/.
STREET ADDRESS	RT.2, BOX 725-A-32		1.3 STREET ADDRESS	4070 S.W. ARMADILLO	1 Eni-
CITY-ST-ZIP	ARCADIA FL		1.4 CITY - ST - ZIP	ARCADIA FL 33821	
TITLE	VD	☐ DEL€TE	21 TITLE		Change Addition
NAME	CHASE, GEORGE B.		2.2 NAME		
STREET ADDRESS	1183 GIRL SCOUT RD.		2 3 STREET ADDRESS		<b>A</b> = -
CITY-ST-ZIP	ARCADIA FL		2 4 City - ST-ZIP		821
TITLE	SD BUCK-GREEN, BARBARA	DEFELE	3.1 TITLE	SD	Change
NAME	RT.3, BOX 910H		3.2 NAME	BUCK-GREEN , BARBARI 20281 E. COUNTRY CLUB	DE AUT 205
STREET ADDRESS	ARCADIA FL		33 STREET ADDRESS	NORTH MUNTH BEACH , PL 3	31 24
CITY-ST-ZIP TITLE	TD	DELETE	3.4. CITY-ST-ZIP	MAKIN MUNNI BLACK, PC 2	
NAME	CHASE, JOYCE A.	Doctrie	4 1 TITLE		Change Addition
STREET ADDRESS	1183 GIRL SCOUT RD.		4 2 NAME		
CITY-ST-ZIP	ARCADIA FL		4.3 STREET ADDRESS	210 3282	.1
TITLE	D	DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME	BROWN, MAURICE	Florest	5.2 NAME		C change
STREET ADDRESS	P.O. BOX 424 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL		5.4 CITY - ST - ZIP	Z1P 3388	u
TITLE		DELETE	6.1 TITLE	ח	Change Addition
NAME		_	6.2 NAME	I ARAINE DOLLOCK	_
STREET ADDRESS			6.3 STREET ADDRESS	1261 S.W. NOMIE D	K
C(Ty. St. 7)P			C.4.017V. OT 710	APPADIA & 33821	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

A Chase Joyce A. CHASE 4/9/96
DE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-993-0391