

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41213** (2)
1. Corporation Name
DESOTO CITIZENS AGAINST POLLUTION, INC.



Principal Place of Business P.O. BOX 2706 ARCADIA FL 33821	Mailing Address P.O. BOX 2706 ARCADIA FL 34265-2706
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34265-2706		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34265-2706		3. Date Incorporated or Qualified 11/16/1990		3a. Date of Last Report 04/15/1996	
				4. FEI Number 65-0241208		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CHASE, JOYCE A. 1183 NW GIRL SCOUT ROA ARCADIA FL 33821				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34266			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRENS, ALAN	1.2 NAME	
STREET ADDRESS	4070 SW ARMADILLO TRAIL	1.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, GEORGE B.	2.2 NAME	
STREET ADDRESS	1183 GIRL SCOUT RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL	2.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK-GREEN, BARBARA	3.2 NAME	
STREET ADDRESS	20281 E. COUNTRY CLUB DRIVE APT 205	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, JOYCE A.	4.2 NAME	
STREET ADDRESS	1183 GIRL SCOUT RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MAURICE	5.2 NAME	
STREET ADDRESS	P.O. BOX 424 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, LARAIN	6.2 NAME	LARAIN POLLOCK
STREET ADDRESS	1281 SW NOLIE DRIVE	6.3 STREET ADDRESS	1281 SW NOLIE DRIVE
CITY - ST - ZIP	ARCADIA FL	6.4 CITY - ST - ZIP	ARCADIA, FL 34266

14. I do 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 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: Joyce A. Chase Joyce A. Chase 4/24/97 941-993-0391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063957

CR2E037 (9/96)