


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>P.O. BOX 2706 ARCADIA FL 34265-2706 US</b>		Mailing Address <b>P.O. BOX 2706 ARCADIA FL 33821</b>		3. Date Incorporated or Qualified <b>11/16/1990</b>
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>65-0241208</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent <b>CHASE, JOYCE A. 1183 NW GIRL SCOUT ROA ARCADIA FL 34266</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CHASE, JOYCE A. 1183 NW GIRL SCOUT ROA ARCADIA FL 34266</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEHRENS, ALAN</b>	1.2 NAME	
STREET ADDRESS	<b>4070 SW ARMADILLO TRAIL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARCADIA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHASE, GEORGE B.</b>	2.2 NAME	
STREET ADDRESS	<b>1183 GIRL SCOUT RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARCADIA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHASE, JOYCE A.</b>	3.2 NAME	
STREET ADDRESS	<b>1183 GIRL SCOUT RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARCADIA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, MAURICE</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 424 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARCADIA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLLOCK, LARINE</b>	5.2 NAME	
STREET ADDRESS	<b>1261 SW NOMIE DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARCADIA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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**

1/26/98

941-993-0391

CR2E037 (10/97)