

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90011 020 \*\*\*\*61.25

0068424

**DOCUMENT # N41213**

1. Corporation Name

**DESOTO CITIZENS AGAINST POLLUTION, INC.**

Principal Place of Business

P.O. BOX 2706  
ARCADIA FL 34265-2706  
US

Mailing Address

P.O. BOX 2706  
ARCADIA FL 33821



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**11/16/1990**

4. FEI Number

**65-0241208**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CHASE, JOYCE A.  
1183 NW GIRL SCOUT ROA  
ARCADIA FL 34266

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

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 ☐ DELETE

TITLE DP  
NAME BEHRENS, ALAN  
STREET ADDRESS 4070 SW ARMADILLO TRAIL  
CITY-ST-ZIP ARCADIA FL

TITLE VD ☐ DELETE

NAME CHASE, GEORGE B.  
STREET ADDRESS 1183 GIRL SCOUT RD.  
CITY-ST-ZIP ARCADIA FL

TITLE TD ☐ DELETE

NAME CHASE, JOYCE A.  
STREET ADDRESS 1183 GIRL SCOUT RD.  
CITY-ST-ZIP ARCADIA FL

TITLE D ☐ DELETE

NAME BROWN, MAURICE  
STREET ADDRESS P.O. BOX 424 N/A  
CITY-ST-ZIP ARCADIA FL

TITLE SD ☐ DELETE

NAME POLLOCK, LARAIN  
STREET ADDRESS 1261 SW NOMIE DRIVE  
CITY-ST-ZIP ARCADIA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE

*Joyce A. Chase*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/8/99*  
Date

*941-993-0391*  
Daytime Phone #

CR2E037 (11/98)