

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41213

FILED  
May 18, 2006  
Secretary of State

**Entity Name:** DESOTO CITIZENS AGAINST POLLUTION, INC.

**Current Principal Place of Business:**

8335 STATE ROAD 674  
WIMAUMA, FL 33598 US

**New Principal Place of Business:**

**Current Mailing Address:**

8335 STATE ROAD 674  
WIMAUMA, FL 33598 US

**New Mailing Address:**

**FEI Number:** 65-0241208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BEHRENS, ALAN R  
8335 STATE ROAD 674  
WIMAUMA, FL 33598 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: DP ( ) Delete  
Name: BEHRENS, ALAN  
Address: 8335 STATE ROAD 64  
City-St-Zip: WIMAUMA, FL 33598

Title: DVPT ( ) Delete  
Name: MADER, DENNIS  
Address: 4224 SOLOMON ROAD  
City-St-Zip: ONA, FL 33865

Title: DS ( ) Delete  
Name: FERNANDEZ, JOE  
Address: 3954 SW ARNADILLO TRAIL  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: MADER, JULIA  
Address: 4224 SOLOMON RD  
City-St-Zip: ONA, FL 33865

Title: D ( ) Delete  
Name: BROWN, MAURICE  
Address: PO BOX 424  
City-St-Zip: ARCADIA, FL 34266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENNIS MADER

DVPT

05/18/2006

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

\_\_\_\_\_  
Date