

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 03 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 # N42924 (3)**  
1. Corporation Name  
**CHARLOTTE CITIZENS AGAINST POLLUTION, INC.**



Principal Place of Business <b>34951 WASHINGTON LOOP RD POST OFFICE BOX 1261 PUNTA GORDA FL 33982 US</b>	Mailing Address <b>34951 WASHINGTON LOOP RD POST OFFICE BOX 1261 PUNTA GORDA FL 33982 US</b>
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3. Date Incorporated or Qualified <b>04/11/1991</b>
4. FEI Number <b>65-0279519</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 322 ORGAN ST Suite, Apt. #, etc. # A City &amp; State PUNTA GORDA FL Zip 33982 Country U.S.</b>	2a. Mailing Address <b>26 322 ORGAN ST Suite, Apt. #, etc. # A City &amp; State PUNTA GORDA, FL Zip 33982 Country U.S.</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>RUSSELL, W KEVIN 1777 TAMAMI TRAIL SUITE 501 PUNTA GORDA FL 33982</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>18501 Murdock Circle</b>
83	<b>Sixth Floor</b>
84 City	<b>Port Charlotte, FL</b>
85 Zip Code	<b>33948</b>

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]* DATE **3/30/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>ALLARD, BILL</b>
STREET ADDRESS	<b>580 WOODSTOCK LANE</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CARMERON, DON</b>
STREET ADDRESS	<b>34951 WASHINGTON LOOP RD</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MILLER, SUZANNE</b>
STREET ADDRESS	<b>28091 E. EVERSON ROAD</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33955</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ZEEB, DARRELL</b>
STREET ADDRESS	<b>4441 SWEETBAY ST</b>
CITY-ST-ZIP	<b>PT. CHARLOTTE FL 33948</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SNYDER, GEORGE</b>
STREET ADDRESS	<b>29436 TARALANE DRIVE</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>GRADY, PATRICIA A</b>
STREET ADDRESS	<b>585 W. TARPON BLVD.</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>322 ORGAN ST # A</b>
2.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* DATE: **3/30/98** 941-766-9153

CR2E037 (10/97)