

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 14 AM 9:29

DOCUMENT # N44382 (2)

1. Corporation Name
SOUTHWEST FLORIDIANS FOR A CLEAN AND RISK-FREE ENVIRONMENT, INC.

Principal Place of Business
12712-3
MCGREGOR BLVD
FORT MYERS FL 33919
US

Mailing Address
12712-3
MCGREGOR BLVD
FORT MYERS FL 33909
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/22/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0265005	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**GROSS, NANCY
10301 TARRAH LANE
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81 Name Nancy Gross
82 Street Address (P.O. Box Number is Not Acceptable) 1190 W. Golden Gate Blvd.
83
84 City Naples
85 Zip Code FL 33964

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 the # applicable

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BELLAMY, W. DEXTER
STREET ADDRESS	5548 HAMLET LANE
CITY - ST - ZIP	FT MYERS FL
TITLE	V
NAME	BOWES, ARLENE
STREET ADDRESS	18429 SUNFLOWER RD
CITY - ST - ZIP	FT MYERS FL
TITLE	S
NAME	GROSS, NANCY
STREET ADDRESS	10301 TARRAH LANE
CITY - ST - ZIP	BONITA SPRINGS FL
TITLE	T
NAME	MEO, USA K.
STREET ADDRESS	1818 MAPLE AVE
CITY - ST - ZIP	FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Mr Lyle Danielson	
13 STREET ADDRESS	4930 S W 2nd Place	
14 CITY - ST - ZIP	Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	D	
22 NAME	Mr Paul Gross	
23 STREET ADDRESS	1190 W. Golden Gate Blvd.	
24 CITY - ST - ZIP	Naples, FL 33964	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	Secretary	
32 NAME	Nancy Gross	
33 STREET ADDRESS	1190 W. Golden Gate Blvd.	
34 CITY - ST - ZIP	Naples, FL 33964	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	Treasurer	
42 NAME	Lisa K. Meo	
43 STREET ADDRESS	1705 Maple Ave.	
44 CITY - ST - ZIP	Ft Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Mrs Barbara Heinrich	
53 STREET ADDRESS	22531 Tuckahoe Rd.	
54 CITY - ST - ZIP	Alva, FL 33920	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: W. Dexter Bellamy, Pres. W. DEXTER BELLAMY 941-491-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/95

CR2E037 (3/95)