

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90133 015 ****70.00

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DOCUMENT # **N93000000442**

1. Corporation Name

CITIZENS AGAINST TOXIC EXPOSURE, INC.

Principal Place of Business

**6400 MARIANNA DR
PENSACOLA FL 32504**

Mailing Address

**6400 MARIANNA DR
PENSACOLA FL 32504**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/02/1993

4. FEI Number

59-3176118

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

**WILLIAMS, MARAGARET
6400 MARIANNA DR
PENSACOLA FL 32505**

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

TITLE **D** ☐ DELETE
NAME **WILLIAMS, MARAGARET**
STREET ADDRESS **6400 MARIANNA DR**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☐ DELETE
NAME **STALLWORTH, DAVID**
STREET ADDRESS **103 HICKORY ST**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☐ DELETE
NAME **MCWAIN, JIMMIE L**
STREET ADDRESS **3941 JACOTTE ST**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **STALLWORTH, DAVID**
2.3 STREET ADDRESS **8320 RALEIGH CIRCLE**
2.4 CITY-ST-ZIP **PENSACOLA, FLORIDA 32534**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **MCWAIN, JIMMIE L.**
3.3 STREET ADDRESS **1019 NORTHVIEW DRIVE**
3.4 CITY-ST-ZIP **PENSACOLA, FLORIDA 32505**

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: *Margaret Williams* **MARGARET WILLIAMS**

1/9/99 (850)494-2601

Date

Daytime Phone #

CR2E037 (1/198)