2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90668 006 ****70.00

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1. Entity Name

CITIZENS AGAINST TOXIC EXPOSURE, INC.

Principal Place of Business	Mailing Address
3603 NORTH RILAFOX STREET PENSACOLA FL 32505	3603 NORTH RILAFOX STREET PENSACOLA FL 32505

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
3603 North Palafox St	3603 North Palafox St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL 32505	City & State: Pensacola, FL 32505
Zip / Country: U.S.A	Zip / Country: U.S.A

4. FEI Number: 59-3176118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, MARAGARET 6400 MARIANNA DR PENSACOLA FL 32505	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, MARAGARET 6400 MARIANNA DR PENSACOLA FL 32504	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLLING, ERIC 1217 N DEVILLIERS PENSACOLA FL 32501	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCWAINE, JIMMIE L 1019 NORTHVIEW DR PENSACOLA FL 32505	☐ Delete		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Williams Margaret Williams 4/29/04 850-436-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #