

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90037 041 ****61.25

DOCUMENT # N93000000442 1. Entity Name CITIZENS AGAINST TOXIC EXPOSURE, INC.					
Principal Place of Business 6400 MARIANA DRIVE PENSACOLA, FL 32504			Mailing Address 6400 MARIANA DRIVE PENSACOLA, FL 32504		
2. Principal Place of Business 6400 Mariana Drive Suite, Apt. #, etc.			3. Mailing Address 6400 Mariana Drive Suite, Apt. #, etc.		
City & State Pensacola FL			City & State Pensacola FL		
Zip 32504			Zip 32504		
Country USA			Country USA		
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 WILLIAMS, MARAGARET 6400 MARIANNA DR PENSACOLA, FL 32505			7. Name and Address of New Registered Agent Name Francine D. Ishmael Street Address (P.O. Box Number is Not Acceptable) 1114 North 116th Street City Pensacola FL 32501		
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 Francine D. Ishmael Francine D. Ishmael (President) 1.4.06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLING, ERIC 1217 N DEVILLIERS PENSACOLA, FL 32501	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCWAIN, JIMMIE L 1019 NORTHVIEW DR PENSACOLA, FL 32505	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Francine D. Ishmael 1.4.06 850.478.5794 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					