

FILE NOW: FILING FEE IS \$61.25

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May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003635 (7)**

1. Corporation Name

**THE CORPORATION FOR CLEAN AIR AND CLEAN WATER, I
NC.**



Principal Place of Business	Mailing Address
1832 NW 11TH ROAD GAINESVILLE FL 32605	1832 NW 11TH ROAD GAINESVILLE FL 32605-5324

3. Date Incorporated or Qualified 07/01/1996	3a. Date of Last Report N/A
4. FEI Number 59-3388202	Applied For <input type="checkbox"/> Not Applicable
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
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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
BUSSING, THOMAS D 1832 NW 11TH ROAD GAINESVILLE FL 32605	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSSING, THOMAS D	1.2 NAME	
STREET ADDRESS	1832 NW 11TH ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32605	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, SUE ELLEN	2.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 402	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALACHUA FL 32615	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, MARIANNE	3.2 NAME	
STREET ADDRESS	1375 SW 4TH ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEWBERRY FL 32669	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSHERRY, DECEMBER	4.2 NAME	
STREET ADDRESS	107 BLACK ANGUS ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ARCHER FL 32618	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, HOLLY	5.2 NAME	
STREET ADDRESS	117 SW 89TH ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32608	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: **Thomas D. Bussing** **THOMAS D. BUSSING** 1 April 97 (352) 375-8572
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010944

CR2E037 (9/96)