


REFILING per letter # 098A00028541 dated ...
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FILED

Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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



DOCUMENT # N97000005922 (6)
 1. Corporation Name
 SARASOTAMANATEE CITIZENS RALLY AGAINST MALATHION (SCRAM), INC.

Principal Place of Business Mailing Address
 P.O. BOX 15853 SARASOTA FL 34277-1853
 P.O. BOX 15853 SARASOTA FL 34277-1853

3. Date Incorporated or Qualified
 10/21/1997

4. FEI Number Applied For
 65-0822769 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

6. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name NINA POWERS

82 Street Address (P.O. Box Number is Not Acceptable)
 2446 ALAMEDA AVE.

83 SARASOTA, FL. 34234

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 *Nina Powers* DATE 6/7/98

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

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME P MCMILLAN, SUSAN W
 STREET ADDRESS P.O. BOX 15853
 CITY-ST-ZIP SARASOTA FL 34277-1853

NAME P GROSS, CHERYL
 STREET ADDRESS P.O. BOX 15853
 CITY-ST-ZIP SARASOTA FL 34277-1853

NAME V MASON, ANN
 STREET ADDRESS P.O. BOX 15853
 CITY-ST-ZIP SARASOTA FL 34277-1853

NAME S RUBIN, PAM
 STREET ADDRESS P.O. BOX 15853
 CITY-ST-ZIP SARASOTA FL 34277-1853

NAME ~~P GREGG, ELLEN~~
 STREET ADDRESS P.O. BOX 15853
 CITY-ST-ZIP SARASOTA FL 34277-1853

NAME Director DELETE
 NAME NINA POWERS
 STREET ADDRESS 2446 Alameda Ave
 CITY-ST-ZIP Sarasota FL 34234

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P and Director Change Addition

1.2 NAME

1.3 STREET ADDRESS 3311 46th Plaza East
 Bradenton FL 34203

1.4 CITY-ST-ZIP

2.1 TITLE P and Director Change Addition

2.2 NAME

2.3 STREET ADDRESS 4086 TERN ST.
 SARASOTA FL 34230

2.4 CITY-ST-ZIP

3.1 TITLE V and Director Change Addition

3.2 NAME

3.3 STREET ADDRESS 2290 Clematis St.
 Sarasota FL

3.4 CITY-ST-ZIP

4.1 TITLE S and Director Change Addition

4.2 NAME

4.3 STREET ADDRESS 4426 Diamond Circle West
 Sarasota FL

4.4 CITY-ST-ZIP

5.1 TITLE S and Director Change Addition

5.2 NAME SUSAN KONVIT

5.3 STREET ADDRESS 1530 Pine Bay Dr.
 Sarasota FL 34231

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.

6/5/98

CR2E037 (10/97)