## FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999

DOCUMENT # N97000005922 1. Corporation Name of the state of the stat

Principal Place of Business

SARASOTA/MANATEE: CITIZENS RALLY AGINST MALATHION (SCRAM), INC.

P.O. BOX 19893 F.O. BOX 19893 SARASOTA FL 34277-1853 SARASOTA FL 342		SARASOTA FL 34277-1853	853						
Principal Place of Business     2a. Mailing Address					3. Date Incorporated or Qualifed				
21		26				10/21/1997			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For			
22		27	'  <u></u>			65-0822769 Not Applicable			
City & State		City & State	City & State			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
Zip	Country	Zip	Country		6. Election Campaign Financing S5.00 May Be				
24	25	29	30			Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name				İ	
DOMEDO AIMA				82 Street Address (P.O. Box Number is Not Acceptable)					
POWERS, NINA			02	Street	Address (P.O. Box Number is Not	Acceptable)		}	
2446 ALAMEDA AVE			83				· · · · · · · · · · · · · · · · · · ·	-	
SARASOTA FL 34234			<u> </u>				T-T		
			84		·	FL	85 Zip C		
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 statement and registered the polysications of Section 617.0503. Florida Statutes.									
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 trapplicable. (NOTE: Re	gistered Ager	it signature r	required when reinstating)	DATE	<del>/</del>		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	PD	DELETE	1.1 TITLE		PD		Change	☐ Addition	
NAME	MCMILLAN, SUSAN W		1.2 NAME		ELEANOR PALM				
STREET ADDRESS	3311 46TH PLAZA E		1.3 STREE	ADDRESS	403 29 5+		_		
CITY-ST-ZIP	BRADENTON F 34203		1.4 CITY-S	T-ZIP	Bradenton F	4 3420	5		
TITLE	PD	☐ DELETE	2.1 TITLE				Change	Addition :	
NAME	GROSS, CHERYL		2.2 NAME						
STREET ADDRESS	4086 TERN ST			TADDRESS					
	SARASOTA FL 34230		2.4 CITY-S					ļ	
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	PI-AIP		***	Change	Addition	
TITLE	VD		3.1 IIILE 3.2 NAME						
NAME	MASON, ANN			r ADODECO	f			ľ	
STREET ADDRESS	2290 CLEMATIS ST			FADORESS					
CITY-ST-ZIP	SARASOTA FL 34277-1853	☐ DELETE	3.4. CITY-S	11-ZHP			Change	[ ] Addition	
TITLE	TD .	· Choccie	4.1 TITLE	~-	-	~ *			
NAME	RUBIN; PAM		4. 2 NAME			, , , , , , , , , , , , , , , , , , , ,		Į	
STREET ADDRESS	4426 DIAMOND CIR W	-	ł ·	T ADDRESS		•		•	
CITY-ST-ZIP	SARASOTA FL 34277-1853	□ DELETE	4.4 CITY-S	T-ZIP			☐ Change	Addition	
TITLE	SD	□ DELETE	5.1 TITLE				□ cuande	☐ Addition	
NAME :	BREGG, ELLEN		5.2 NAME						
STREET ADDRESS		The street of the street of the street		T ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34277-1853		5.4 CITY-S	T-ZIP					
TITLE	D see a	DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME	POWERS, NINA	the transfer of the state of th	6.2 NAME						
STREET ADDRESS	2446 ALAMEDA AVE		6.3 STREE	TADORESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

04-23-1999 90261 050 \*\*\*\*61.25

Apr 23, 1999 8:00 am Secretary of State