


REFILING per LETTER # 498A00028541 - dated 1
FILE NOW: FILING FEE IS \$61.25
ORIGINAL FILING DONE 4/28/98 Ref. # A

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
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DOCUMENT # **N97000005923 (4)**

1. Corporation Name

FLORIDA AGAINST CHEMICAL TRESPASS (FACT), INC.



Principal Place of Business P.O. BOX 15853 SARASOTA FL 34277-1853	Mailing Address P.O. BOX 15853 SARASOTA FL 34277-1853
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3. Date Incorporated or Qualified

10/21/1997

4. FEI Number

65-0822771

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

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**\$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

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name

NINA POWERS

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

2446 ALAMEDA AVE.

84 City

SARASOTA

FL

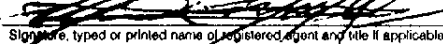
85

Zip Code

34234

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


Signature, typed or printed name of registered agent and title if applicable.

Nina Powers

(NOTE: Registered Agent signature required when reinstating)

6/7/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, SUSAN W	1.2 NAME	
STREET ADDRESS	P.O. BOX 15853	1.3 STREET ADDRESS	3311 46th Plaza East
CITY-ST-ZIP	SARASOTA FL 34277-1853	1.4 CITY-ST-ZIP	Bradenton FL 34203
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, CHERYL	2.2 NAME	
STREET ADDRESS	P.O. BOX 15853	2.3 STREET ADDRESS	4086 TERN ST.
CITY-ST-ZIP	SARASOTA FL 34277-1853	2.4 CITY-ST-ZIP	SARASOTA FL 34230
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, ANN	3.2 NAME	
STREET ADDRESS	P.O. BOX 15853	3.3 STREET ADDRESS	2290 Clematis St.
CITY-ST-ZIP	SARASOTA FL 34277-1853	3.4 CITY-ST-ZIP	Sarasota FL
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	P and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, PAM	4.2 NAME	
STREET ADDRESS	P.O. BOX 15853	4.3 STREET ADDRESS	4426 Diamond Circle West
CITY-ST-ZIP	SARASOTA FL 34277-1853	4.4 CITY-ST-ZIP	Sarasota FL
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGG, ELLEN	5.2 NAME	SUSAN KONVIT
STREET ADDRESS	P.O. BOX 15853	5.3 STREET ADDRESS	1530 Pine Bay Dr.
CITY-ST-ZIP	SARASOTA FL 34277-1853	5.4 CITY-ST-ZIP	Sarasota FL 34231
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	NINA POWERS	6.2 NAME	
STREET ADDRESS	3446 Alameda Ave	6.3 STREET ADDRESS	←
CITY-ST-ZIP	Sarasota FL 34234	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*