

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90102 024 \*\*\*\*61.25

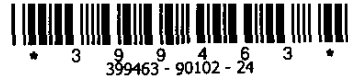
DOCUMENT # N97000005923

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/21/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0822771	
Country		Country		Applied For	
24		25		29	
29		30		Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing		Trust Fund Contribution	
8.75 Additional Fee Required		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POWERS, NINA 2446 ALAMEDA AVE SARASOTA FL 34234		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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 4/10/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MCMILLAN, SUSAN W	1.2 NAME	ELEANOR PALM
STREET ADDRESS	3311 46TH PLAZA E	1.3 STREET ADDRESS	403 29th Street NW
CITY-ST-ZIP	BRADENTON FL 34203	1.4 CITY-ST-ZIP	Bradenton FL 34205
TITLE	PD	2.1 TITLE	
NAME	GROSS, CHERYL	2.2 NAME	
STREET ADDRESS	4086 TERN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34277-1853	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	MASON, ANN	3.2 NAME	
STREET ADDRESS	2290 CLEMATIS ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34277-1853	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	RUBIN, PAM	4.2 NAME	
STREET ADDRESS	4426 DIAMOND CIR W	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34277-1853	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	KNOWIT, SUSAN	5.2 NAME	
STREET ADDRESS	1530 PINW BAY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34277-1853	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	POWERS, NINA	6.2 NAME	
STREET ADDRESS	2446 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Cheryl GROSS DATE 4/10/99 DAYTIME PHONE # 941-378-6133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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