

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005988 (7)**  
1. Corporation Name

**MANATEE COUNTY CITIZENS AGAINST POLLUTION, INC.**



Principal Place of Business <b>2946 WILDERNESS BLVD. EAST PARRISH FL 34219</b>	Mailing Address <b>2946 WILDERNESS BLVD. EAST PARRISH FL 34219</b>
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3. Date Incorporated or Qualified

**10/22/1997**

4. FEI Number

**65-0789243**

Applied For

Not Applicable

5. 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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**KUMARICH, DAN  
2946 WILDERNESS BLVD. EAST  
PARRISH FL 34219**

10. Name and Address of New Registered Agent

**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DAN KUMARICH</b>
1.3 STREET ADDRESS	<b>2946 WILDERNESS BLVD. EAST</b>
1.4 CITY-ST-ZIP	<b>PARRISH, FL 34219</b>

2.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CELE KUMARICH</b>
2.3 STREET ADDRESS	<b>2946 WILDERNESS BLVD. EAST</b>
2.4 CITY-ST-ZIP	<b>PARRISH, FL 34219</b>

3.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ELIZABETH LANE</b>
3.3 STREET ADDRESS	<b>3641 WILDERNESS BLVD. WEST</b>
3.4 CITY-ST-ZIP	<b>PARRISH, FL 34219</b>

4.1 TITLE	<b>BOOKKEEPER - DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JOAN HODGES</b>
4.3 STREET ADDRESS	<b>3302 WILDERNESS BLVD. EAST</b>
4.4 CITY-ST-ZIP	<b>PARRISH, FL 34219</b>

5.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>PETE HODGES</b>
5.3 STREET ADDRESS	<b>3302 WILDERNESS BLVD. EAST</b>
5.4 CITY-ST-ZIP	<b>PARRISH, FL 34219</b>

6.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>CLARENCE TROYELL</b>
6.3 STREET ADDRESS	<b>3321 LAKEVIEW CIR</b>
6.4 CITY-ST-ZIP	<b>PARRISH, FL 34219</b>

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.

SIGNATURE *[Signature]*

**2-2-98 201-071-1891**

CR2E037 (10/97)

13. Additional DIRECTORS

MANATEE COUNTY CITIZENS AGAINST Pollution  
2946 WILDERNESS Blvd. East  
PARRISH, FL 34219

DIRECTOR  
PAUL Sayers  
3111 WILDERNESS Blvd. West  
PARRISH, FL 34219

ADDITION

DIRECTOR  
STAN HERBETS  
3201 WILDERNESS Blvd. West  
PARRISH, FL 34219

ADDITION