

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000005988

1. Corporation Name

MANATEE COUNTY CITIZENS AGAINST POLLUTION, INC.

Principal Place of Business

2946 WILDERNESS BLVD. EAST
PARRISH FL 34219

Mailing Address

2946 WILDERNESS BLVD. EAST
PARRISH FL 34219

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90016 025 ****61.25

185738 - 90016 - 25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME KUMARICH, DAN
STREET ADDRESS 2946 WILDERNESS BLVD. EAST
CITY-ST-ZIP PARRISH FL 34219

TITLE S ☐ DELETE
NAME KUMARICH, CELE
STREET ADDRESS 2946 WILDERNESS BLVD. EAST
CITY-ST-ZIP PARRISH FL 34219

TITLE TR ☐ DELETE
NAME LANE, ELIZABETH
STREET ADDRESS 3641 WILDERNESS BLVD. WEST
CITY-ST-ZIP PARRISH FL 34219

TITLE BD ☐ DELETE
NAME HODGES, JOAN
STREET ADDRESS 3302 WILDERNESS BLVD. EAST
CITY-ST-ZIP PARRISH FL 34219

TITLE D ☐ DELETE
NAME HODGES, PETE
STREET ADDRESS 3302 WILDERNESS BLVD. EAST
CITY-ST-ZIP PARRISH FL 34219

TITLE D ☐ DELETE
NAME TROXELL, CLARENCE
STREET ADDRESS 3321 LAKESIDE CIRCLE
CITY-ST-ZIP PARRISH FL 34219

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Change

☐ Change

☐ Change

☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-99 (941) 776-1891

CR2E037 (11/98)