

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# 731575

Entity Name: FLORIDA AUTO DISMANTLERS AND RECYCLERS ASSOCIATION, INC.

**Current Principal Place of Business:**

341 N MAITLAND AVE  
SUITE 130  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

341 N MAITLAND AVE  
SUITE 130  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 51-0189513      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROW-SEGAL, PAT  
341 N MAITLAN AVE  
SUITE 130  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PPD ( ) Delete  
Name: BUTLER, JIM  
Address: 6401 N PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: RUTHERFORD, BRAD  
Address: 324 RECKER HWY  
City-St-Zip: AUBERNDALE, FL 33823

Title: PD ( ) Delete  
Name: LATHAM, STEVE  
Address: PO BOX 236755  
City-St-Zip: COCOA, FL 32923

Title: D ( ) Delete  
Name: LEBLANC, KEITH  
Address: 1090 REED CANAL ROAD  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VPD ( ) Delete  
Name: THOMPSON, TERRY  
Address: P.O. BOX 930  
City-St-Zip: LAKE PLACID, FL 33862

Title: D ( ) Delete  
Name: GAGEL, MIKE  
Address: 6701 78TH STREET  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BUTLER, JIM  
Address: 6401 N PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32503

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LATHAM, STEVE  
Address: PO BOX 236755  
City-St-Zip: COCOA, FL 32923

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: THOMPSON, TERRY  
Address: P.O. BOX 930  
City-St-Zip: LAKE PLACID, FL 33862

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY THOMPSON

P

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date