

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011061

Entity Name: THE FLORIDA RECYCLING PARTNERSHIP, INC.**Current Principal Place of Business:**110 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O. BOX 10683
TALLAHASSEE, FL 32302**FEI Number:** 27-1296512**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORY, KEYNA D
110 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	D
Name	CORY, KEYNA
Address	PO BOX 1347
City-State-Zip:	TALLAHASSEE FL 32302

Title	D
Name	TONER, JAMES
Address	110 EAST COLLEGE AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	D
Name	BRUNSON, KIM
Address	PO BOX 407
City-State-Zip:	LAKELAND FL 32802

Title	D
Name	DEES, CHARLES
Address	5221 STATE ROAD 776
City-State-Zip:	VENICE FL 34293

Title	C
Name	LEZMAN, STEVEN
Address	1001 13TH AVENUE EAST
City-State-Zip:	BRADENTON FL 34208

Title	D
Name	CASTRO, ELIZABETH
Address	325 PALM ST UNIT B
City-State-Zip:	WINDEMERE FL 34786

I hereby 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 all other like empowered.

SIGNATURE: KEYNA CORY**EXECUTIVE DIRECTOR****04/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date