## 2008 NOT-FOR-PROFIT CORPORATION

## Apr 07, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #719014** 04-07-2008 90068 040 \*\*\*\*61.25 1. Entity Name FLORIDA SECTION - AIR AND WASTE MANAGEMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 40062011 3214 DEER CHASE RUN 3214 DEER CHASE RUN LONGWOOD, FL 32779 LONGWOOD, FL 32779 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1500 W. Sugarhouse Rd. 1500 W. Sugarhouse Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 Chg-NP CR2E037 (12/06) City & State Belle Glade FL 4. FEI Number 59-1738572 City & State Applied For Belle Glade FL Not Applicable Country \$8.75 Additional 33430 33<del>4</del>30 5. Certificate of Status Desired US US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kathleen D. Lockhart GUIDRY, JEROME J Street Address (P.O. Box Number is Not Acceptable) 3214 DEER CHASE RUN LONGWOOD, FL 32779 1500 W. Sugarhouse Rd. Zip Code 33430 Belle Glade FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Delete GUIDRY, JEROME J Lockhart, Kathleen D. 1500 W. Sugarhouse Rd NAME NAME 3214 DEER CHASE RUN STREET ADDRESS STREET ADDRESS Belle Glade FL CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP 33430 TITLE Delete TITLE ☐ Change Addition SATYAL, AJAYA Mort. Karen 4320 Old Highway 37 NAME NAME STREET ADDRESS 901 EVERNIA STREET STREET ADDRESS CJTY-ST-ZJP WEST PALM BEACH, FL 33402 CITY-ST-7IP 33813 Lakeland FL ☐ Change ☐ Addition TITLE 😡 Delete TITLE HEILMAN, BECKY NAME NAME STREET ADDRESS 8933 WESTEM WAY STE 12 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE BERGEN, FAWN NAME NAME STREET ADDRESS 4014 NW 13TH STREET STREET ADDRESS GAINESVILLE, FL 32069 CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Ca+l, leen1) 571-996-4779 **SIGNATURE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR