


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90003 020 \*\*\*\*61.25

<b>DOCUMENT # 731575</b> <b>1. Entity Name</b> FLORIDA AUTO DISMANTLERS AND RECYCLERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1133 WEST Morsa Blvd SUITE 201 WINTER PARK, FL 32789			<b>Mailing Address</b> 1133 WEST Morsa Blvd SUITE 201 WINTER PARK, FL 32789		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.			<b>3. Mailing Address</b>  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02142006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 51-0189513				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CROW-SEGAL, PAT % CROW-SEGAL MANAGEMENT CO, INC 1133 W. MORSE BLVD., STE. 201 WINTER PARK, FL 32789			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE:</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>BUTLER, JIM</b> <b>6401 N PALAFOX STREET</b> <b>PENSACOLA, FL 32503</b>	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>RUTHERFORD, BRAD</b> <b>324 RECKER HWY</b> <b>AUBERDALE, FL 33823</b>	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>EUBANKS, BOB</b> <b>1932 N. LANE AVENUE</b> <b>JACKSONVILLE, FL</b>	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PPD</b> <b>LEBLANC, KEITH</b> <b>1090 REED CANAL ROAD</b> <b>DAYTONA BEACH, FL 32119</b>	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>STD</b> <b>THOMPSON, TERRY</b> <b>P.O. BOX 830</b> <b>LAKE PLACID, FL 33862</b>	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PPD</b> <b>GAGEL, MIKE</b> <b>6701 78TH STREET</b> <b>RIVERVIEW, FL 33569</b>	<input type="checkbox"/> Delete			
<b>12. I hereby 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span>2006</span> <span>2-20-06</span> <span>850-474-9200</span> </div>					