

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90334 017 ****61.25

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DOCUMENT # 731575					
1. Entity Name FLORIDA AUTO DISMANTLERS AND RECYCLERS ASSOCIATION, INC.					
Principal Place of Business 1133 WEST MORSA BLVD SUITE 201 WINTER PARK, FL 32789			Mailing Address 1133 WEST MORSA BLVD SUITE 201 WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # 341 N. MAITLAND AVENUE		3. Mailing Address 341 N. MAITLAND AVENUE			
Suite, Apt. #, etc. SUITE 130		Suite, Apt. #, etc. SUITE 130			
City & State MAITLAND, FL		City & State MAITLAND, FL		4. FEI Number 51-0189513	
Zip 32751		Country ORANGE		Country ORANGE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent CROW-SEGAL, PAT % CROW-SEGAL MANAGEMENT CO, INC 1133 W. MORSE BLVD., STE. 201 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 341 N. MAITLAND AVENUE SUITE 130 City MAITLAND FL Zip Code 32751		
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: <i>Pat Crow Segal</i>		DATE: <i>4/2/07</i>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, JIM 6401 N PALAFOX STREET PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD BUTLER, JIM 6401 N. PALAFOX STREET PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTHERFORD, BRAD 324 RECKER HWY AUBERNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUBANKS, BOB 1932 N. LANE AVENUE JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD LEBLANC, KEITH 1090 REED CANAL ROAD DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, TERRY P.O. BOX 930 LAKE PLACID, FL 33862 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, TERRY P.O. BOX 930 LAKE PLACID, FL 33862 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD GAGEL, MIKE 6701 78TH STREET RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 information.					
SIGNATURE: <i>Jim Butler</i>		Date: <i>4/9/07</i>		Daytime Phone #: <i>407-647-8839</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					