


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90017 035 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # 731575</b><br>1. Entity Name<br><b>FLORIDA AUTO DISMANTLERS AND RECYCLERS<br/>ASSOCIATION, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>341 N MAITLAND AVE<br/>SUITE 130<br/>MAITLAND, FL 32751</b> | Mailing Address<br><b>341 N MAITLAND AVE<br/>SUITE 130<br/>MAITLAND, FL 32751</b> |
|---|---|

40014590



|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

01172008 Chg-NP CR2E037 (12/06)

|              |              |                                    |                               |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br><b>51-0189513</b> | Applied For<br>Not Applicable |
|--------------|--------------|------------------------------------|-------------------------------|

|     |         |     |         |   |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|-----|---------|-----|---------|---|

**6. Name and Address of Current Registered Agent**

|   |   |
|---|---|
| <b>CROW-SEGAL, PAT<br/>341 N MAITLAN AVE<br/>SUITE 130<br/>MAITLAND, FL 32751</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|---|---|

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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**

| 10. OFFICERS AND DIRECTORS   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
|--|---|--|--|------|------------------|--|----------------|-----------------------|--|-------------|-----------------------|--|--|-------|----|--|------|----------------|--|----------------|----------------------|--|-------------|-------------------------|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PPD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BUTLER, JIM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6401 N PALAFOX STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA, FL 32503</td> <td></td> </tr> </table>      | TITLE   | PPD  | <input type="checkbox"/> Delete            | NAME | BUTLER, JIM      |  | STREET ADDRESS | 6401 N PALAFOX STREET |  | CITY-ST-ZIP | PENSACOLA, FL 32503   |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  | TITLE |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            | NAME |                |  | STREET ADDRESS |                      |  | CITY-ST-ZIP |                         |  |
| TITLE  | PPD   | <input type="checkbox"/> Delete  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| NAME   | BUTLER, JIM   |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| STREET ADDRESS   | 6401 N PALAFOX STREET                                 |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| CITY-ST-ZIP  | PENSACOLA, FL 32503                                   |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| NAME   |   |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| STREET ADDRESS   |   |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| CITY-ST-ZIP  |   |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RUTHERFORD, BRAD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>324 RECKER HWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AUBERNDALE, FL 33823</td> <td></td> </tr> </table>         | TITLE   | D  | <input type="checkbox"/> Delete            | NAME | RUTHERFORD, BRAD |  | STREET ADDRESS | 324 RECKER HWY        |  | CITY-ST-ZIP | AUBERNDALE, FL 33823  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Latham, Steve</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO Box 236755</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Cocoa, FL 32923</td> <td></td> </tr> </table>                           | TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition            | NAME | Latham, Steve  |  | STREET ADDRESS | PO Box 236755        |  | CITY-ST-ZIP | Cocoa, FL 32923         |  |
| TITLE  | D   | <input type="checkbox"/> Delete  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| NAME   | RUTHERFORD, BRAD                                      |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| STREET ADDRESS   | 324 RECKER HWY  |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| CITY-ST-ZIP  | AUBERNDALE, FL 33823                                  |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| TITLE  | PD  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| NAME   | Latham, Steve   |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| STREET ADDRESS   | PO Box 236755   |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| CITY-ST-ZIP  | Cocoa, FL 32923                                       |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
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| TITLE  | D   | <input checked="" type="checkbox"/> Delete                                   |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| NAME   | EUBANKS, BOB  |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| STREET ADDRESS   | 1932 N. LANE AVENUE                                   |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL                                      |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
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| NAME   | LeBlanc, Keith  |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| STREET ADDRESS   | 1090 Reed Canal Road                                  |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| CITY-ST-ZIP  | Daytona Beach, FL 32119                               |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
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| NAME   | THOMPSON, TERRY                                       |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| STREET ADDRESS   | P.O. BOX 930  |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| CITY-ST-ZIP  | LAKE PLACID, FL 33862                                 |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
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| TITLE  | PPD   | <input type="checkbox"/> Delete  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| NAME   | GAGEL, MIKE   |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| STREET ADDRESS   | 6701 78TH STREET                                      |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| CITY-ST-ZIP  | RIVERVIEW, FL 33569                                   |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
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| NAME   | Gagel, Mike   |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| STREET ADDRESS   | 6701 78th Street                                      |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |
| CITY-ST-ZIP  | Riverview, FL 33569                                   |  |  |      |                  |  |                |                       |  |             |                       |  |  |       |    |  |      |                |  |                |                      |  |             |                         |  |

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.

SIGNATURE: *[Handwritten Signature]* President 1-21-08 321 863 8552