2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011311

FILED Mar 15, 2008 Secretary of State

Entity Name: SOUTHEAST RECYCLING COALITION, INC.

Current Principal Place of Business: New Principal Place of Business: 1608 METROPOLITAN CIRCLE SUITE B TALLAHASSEE, FL 32308 **New Mailing Address: Current Mailing Address:** 1608 METROPOLITAN CIRCLE SUITE B TALLAHASSEE, FL 32308 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, EUGENE B 1608 METROPOLITAN CIRCLE SUITE B TALLAHASSEE, FL 32308 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JONES, EUGENE B Name: Name: POST OFFICE BOX 38070 Address: Address: City-St-Zip: TALLAHASSEE, FL 32315 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: MOREAU, RAYMOND L Name: MOREAU, RAYMOND L Address: POST OFFICE BOX 960 Address: POST OFFICE BOX 960 City-St-Zip: TALLAHASSEE, FL 32315 City-St-Zip: TALLAHASSEE, FL 32302 Title: () Delete Title: (X) Change () Addition STEPHENS, ROBERT D JONES, EUGENE B Name: Name: POST OFFICE BOX 960 Address: POST OFFICE BOX 960 Address: City-St-Zip: TALLAHASSEE, FL 32302 City-St-Zip: TALLAHASSEE, FL 32302 Title: () Delete Title: () Change () Addition Name: JONES, EUGENE B Name: Address: POST OFFICE BOX 960 Address: City-St-Zip: TALLAHASSEE, FL 32302 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EUGENE B. JONES P 03/15/2008