

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000932

FILED  
Mar 15, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA REUSE AND RECYCLING INSTITUTE INC.

**Current Principal Place of Business:**

1090 NW 53 STREET  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

1090 NW 53 STREET  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

FEI Number: 54-2169027      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HEIMBACH, MICHAEL J  
1090 NW 53 STREET  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: BURTON, MARYBETH  
Address: 1090 NW 53 ST  
City-St-Zip: FORT LAUDERDAL, FL 33309

Title: VP ( ) Delete  
Name: MAX, LISA  
Address: 1090 NW 53 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: TR ( ) Delete  
Name: MARTIN, CHRISTOPHER  
Address: 1090 NW 53 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: SEC ( ) Delete  
Name: ROSEN, MARNIE  
Address: 1090 NW 53 ST  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: MILLER, CHERYL  
Address: 1090 NW 53 ST  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: GADSON, GEORGE  
Address: 1090 NW 53 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARYBETH BURTON

P

03/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date