## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 03, 2008 8:00 am **Secretary of State** DOCUMENT # N07000001756 03-03-2008 90192 025 \*\*\*\*70.00 R.E.S.O.R.C.E. RECYCLING CLUB, INC. Principal Place of Business Mailing Address 10971 ECHO LOOP 10971 ECHO LOOP NEW PORT RICHEY, FL 34654 **NEW PORT RICHEY, FL 34654** 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 Chg-NP CR2E037 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAR, MONICA Street Address (P.O. Box Number is Not Acceptable) 10971 ECHO LOOP NEW PORT RICHEY, FL 34654 City Zip Code 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 Stansture, typed or printed name of registered egent and title if explicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. πιF PD Delete IIII F PD Lewis D. Corvene DEAR, MONICA NAME NAME 9402 Tournament Dr STREET ADDRESS 10971 FCHO LOOP STREET ADDRESS

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## ☐ Addition Hudson, Fl 34667 NEW PORT RICHEY, FL 34654 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROWN, KIMBERLY NAME NAME 18005 US 301 STREET ADDRESS STREET ADDRESS CITY, ST. 7IP CITY-ST-ZIP DADE CITY, FL 33523 Delete Change TITLE TITLE ☐ Addition ID Jean E. Corvene CORVENE, LEWIS D NAME 9402 Tournament Dr 9402 TOURNAMENT DR STREET ADORESS STREET ADDRESS Hudson, FL 34667 CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-ZIP TITLE Delete SD\_Jessica-Croghan-Ingraham ☐ Addition TITLE KLOESS, MARGARET NAME NAME 7325 Canvasback Dr STREET ADDRESS **5030 OYSTER COVE** STREET ADDRESS New Port Richey, FL 34654 NEW PORT RICHEY, FL 34652 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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changed, or on an attachment with an add

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