FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

N49667

(1)

FILED Jun 12 1996 8:00 am Secretary of State

CHRISTIAN CHARITY RECYCLERS, INC.							
Principal Place of Business		Mailing Address					
813 N MILLS Orlando Fl		813 N MILLS AVE Orlando Fl 32803					
					3. Date Incorporated or Qualified 06/26/1992	3a. Date of Las 05/01/	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3153081		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	'5 Additional Required	
City & State		City & State		6. Election Campaign Financing		00 May Be	
		28	L		Trust Fund Contribution	Add	led to Fees
Zip	Country				8. This corporation has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of Current	29 Registered Agent	30		Florida Statutes		
	g. Name and Address of Current	negisteren Agent	81	Name	10. Name and Address of New Act	Jistered Agent	
SEWELL	, WILLIAM		82		ess (P.O. Box Number is Not Acceptable))	
	IILLS AVE 10 FL 32803		83				<u>.</u>
	O FL 32003						
•			84	City		FL 85 2	Zip Code
or register	to the provisions of Sections 617,0502 a red agent, or both, in the State of Florida th, and accept the obligations of, Section	 Such change was authoriz 	ed by the corp	named corpor pration's boar	ation submits this statement for the purpord of directors. I hereby accept the appoin	ose of changing its nament as registere	registered office ed agent. I am
SIGNATURE		·					
	Signature, typed or printed name of registered agenr a		TE: Registered Agen	t signature required		DATE	
12.	OFFICERS AND	· · ·	13.	···	ADDITIONS/CHANGES TO OFFIC		
TITLE	•		1.1 TITLE			☐ Change	Addition
NAME	SYMES, CHRISTIAN W.		1.2 NAME				
STREET ADDRESS	208 SORRENTO CIR.		1 3 STREET ADDRESS				
CITY-ST-ZIP TITLE	WINTER PARK FL P		1.4 CITY - S			Change	Addition
NAME	APILIPIA LIMITALA		21 TITLE				: LJ XOUILION
	720 MOUNT VERNON ST		2 2 NAME	ARDOSOO .			
STREET ADDRESS	ORLANDO FL		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP				
CITY - ST - ZIP TITLE	D DELETE		3 1 TITLE	51 - ZIP		Change	Addition
NAME			3.2 NAME			L outrigo	
STREET ADDRESS	720 MOUNT VERNON STREET		3 3 5 1 REE I	Anneess			
CITY-ST-ZIP	ORLANDO FL 32803		3.4 CITY-5				
TITLE	D	DELETE	4.1 TITLE			Change	Addition
NAME	BEACH, LORIE	_	4 2 NAME			_ •	_
STREET ADDRESS	4159 JOHNS COURT		4.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32822	_	4.4 CITY - S				
TITLE			51 TITLE			Change	Addition
NAME	THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER		5.2 NAME				
STREET ADDRESS	TO 10 DI HIOTEDI E OIDOLE		5 3 STREET	ADDRESS			
CITY - ST - ZIP	ODI ANDO EL COCCE		54 CITY-S	T-ZIP			
TITLE	a	DELETE 61T				Change	Addition
NAME	Berry Frances	<u>4</u> .	6.2 NAME				
STREET ADDRESS	1721 South st	- •	6 3 STREET	address			
CITY-ST-ZIP	Berry Frances 1 1721 South St. Orlando, FL 328	301	64CITY-S	r · ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 feceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Wm. R. Sewell 4/30/96 898.1529