

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000006463

1. Entity Name
REUSABLE RESOURCES ASSOCIATION, INC.



Principal Place of Business
**103 BUDRIS RD.
MELBOURNE BEACH, FL 32951**

Mailing Address
**P.O. BOX 511001
MELBOURNE BEACH, FL 32951**



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3552849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DREW, WALTER F
103 BUDRIS RD.
MELBOURNE BEACH, FL 32951**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DREW, WALTER F 103 BUDRIS RD. MELBOURNE BEACH, FL 32951
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DREW, KATHERINE 103 BUDRIS RD. MELBOURNE BEACH, FL 32951
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLANFORD, SUSAN 1305 HAVENHURST MANCHESTER, MO 63011
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARTY, LINDA 202 ROYAL LANE FAIRHOPE, AL 36532
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

U00000378398
01/09/06-80004-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

Katherine Drew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____