## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003509

FILED Apr 29, 2004 Secretary of State

Entity Name: FLORIDA RECYCLERS COALITION, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 1475 SW 4TH AVENUE 12416 SE PLANDOME DRIVE DELRAY BEACH, FL 33444 HOBE SOUND, FL 33455 **Current Mailing Address: New Mailing Address:** 1475 SW 4TH AVENUE 12416 SE PLANDOME DRIVE DELRAY BEACH, FL 33444 HOBE SOUND, FL 33455 FEI Number: 65-0949447 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DIVITA, LOUIS A DIVITA, LOUIS A 1475 SW 4TH AVENUE 12416 SE PLANDOME DRIVE DELRAY BEACH, FL 33444 HOBE SOUND, FL 33455 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: 04/29/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition DIVITA, LOUIS P DIVITA, LOUIS P Name: Name: Address: 1475 SW 4TH AVENUE Address: 12416 SE PLANDOME DRIVE City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: HOBE SOUND, FL 33455 Title: VD Title: ( ) Delete () Change () Addition Name: PANZARELLA, AL Name: Address: 3145 WILLOW LANE Address: City-St-Zip: WESTON, FL 33331 City-St-Zip: Title: () Delete Title: () Change () Addition ADAMS, MICHAEL J Name: Name: 4701 NW 35 AVE Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: ( ) Delete Title: TD Title: () Change () Addition Name: MENSH, ALEX Name: Address: 2241 NW 15 CT Address: City-St-Zip: POMPANO, FL 33069 City-St-Zip: Title: Title: ( ) Delete () Change () Addition LARQE, AL Name: Name: 10191 W. SAMPLE RD #205B Address: Address: CORAL SPRINGS, FL 33065 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOUIS P DIVITA P 04/29/2004