

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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Jan 17, 2014

Entity Name: WASTE NOT WANT NOT, INC.

Secretary of State

CC5175407339

Current Principal Place of Business:

2050 CARNES STREET
ORANGE PARK, FL 32073

Current Mailing Address:

P.O. BOX 119
ORANGE PARK, FL 32067

FEI Number: 35-2244427

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, BARBARA
3330 CR 218
MIDDLEBURG, FL 32068 US

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

Officer/Director Detail :

Title PRESIDENT, EXECUTIVE DIRECTOR
Name STAUDT-KILLEA, SANDRA L
Address PO BOX 119
City-State-Zip: ORANGE PARK FL 32067

Title DIRECTOR
Name BRYAN, PEGGY
Address PO BOX 119
City-State-Zip: ORANGE PARK FL 32067

Title DIRECTOR
Name SASAKI-SCANLON, BRIAN
Address PO BOX 119
City-State-Zip: ORANGE PARK FL 32067

Title DIRECTOR
Name OLIVERIO, JAY
Address PO BOX 119
City-State-Zip: ORANGE PARK FL 32067

Title DIRECTOR, TREASURER
Name COULTER, PAUL W
Address PO BOX 119
City-State-Zip: ORANGE PARK FL 32067

Title DIRECTOR
Name HIGGINBOTHAM, ROGER
Address P.O. BOX 119
City-State-Zip: ORANGE PARK FL 32067

Title DIRECTOR
Name MYSLICKI, DANIELLE
Address P.O. BOX 119
City-State-Zip: ORANGE PARK FL 32067

Title DIRECTOR
Name NORTH, CARMEN
Address P.O. BOX 119
City-State-Zip: ORANGE PARK FL 32067

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I hereby 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 all other like empowered.

SIGNATURE: PAUL W.COULTER

TREASURER

01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TOPPI, SARAH
Address P.O. BOX 119
City-State-Zip: ORANGE PARK FL 32067

Title SECRETARY
Name WHITE, BEVERLY
Address P.O. BOX 119
City-State-Zip: ORANGE PARK FL 32067