

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N34984

Entity Name: THE RECYCLES ORCHESTRA, INC.

Current Principal Place of Business:

2841 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205

Current Mailing Address:

2841 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205 US

FEI Number: 59-2979710

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCLAIN, FREDDIE
FREDDIE MCCLAIN
2915 AUBREY AVE
JACKSONVILLE, FL 32208 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: FREDDIE MCCLAIN

05/26/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TALLMAN, LARRY
Address 2841 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title VP
Name CAFRELLI, JOE
Address 2841 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title TREASURER, AND WEB MASTER
Name KELLY, SANFORD O
Address 2841 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title OTHER, MUSIC LIBRARIAN
Name ROMINE, CAROL ANNE
Address 2841 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title EQUIPMENT MANAGER
Name SEPUCH, BILL
Address 2841 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title CONDUCTOR LIAISON
Name CARTER, JERRY
Address 2841 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title HISTORIAN
Name BARNES, ERNEST DR. (DDS)
Address 2841 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

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: CAROL ANNE ROMINE

PRESIDENT, OUTGOING 1 05/26/2020
JUNE 2020

Electronic Signature of Signing Officer/Director Detail

Date