

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759597 (8)

1. Corporation Name

KEEP BREVARD BEAUTIFUL, INC.



Principal Place of Business

Mailing Address

431 RIVEREDGE BLVD.
P.O. BOX 537
COCOA FL 32922-7951

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P.O. BOX 537
COCOA FL 32922-7951

3. Date Incorporated or Qualified

08/12/1981

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2154072

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECK, KATHY
1901 S. HARBOR CITY BLVD.
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Kathy Beck

Kathy Beck - Treasurer

02-12-96

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME THOMPSON, NANCY
STREET ADDRESS 1935 HOLT DRIVE
CITY-ST-ZIP MERRITT ISLAND FL ☐ DELETE

1.1 TITLE PD
1.2 NAME Nancy Thompson
1.3 STREET ADDRESS 1935 Holt Drive
1.4 CITY-ST-ZIP Merritt Island, FL 32952 ☒ Change ☐ Addition

TITLE PD
NAME JURGEL, PETER
STREET ADDRESS 7382 TALONA DRIVE
CITY-ST-ZIP W. MELBOURNE FL ☐ DELETE

2.1 TITLE VPD
2.2 NAME J.L. Skip Olson
2.3 STREET ADDRESS 248 Via Havarre
2.4 CITY-ST-ZIP Merritt Island, FL 32953 ☒ Change ☐ Addition

TITLE SD
NAME MCMASTER, SHERRY
STREET ADDRESS 335 ARTEMIS BLVD.
CITY-ST-ZIP MERRITT ISLAND FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME BECK, KATHY
STREET ADDRESS 1901 S. HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 receiver 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:

Kathy Beck

Kathy Beck - Treasurer 02-12-96

(407) 639-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)