

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

199636-96

B-1909

C

DOCUMENT # **N44721** (1)

1. Corporation Name

**LET'S KEEP ALACHUA COUNTY BEAUTIFUL, INC.**



Principal Place of Business: **200 EAST UNIVERSITY AVENUE GAINESVILLE FL 32601 US**  
Mailing Address: **POST OFFICE BOX 480 STATION 100 GAINESVILLE FL 32602 US**

3. Date Incorporated or Qualified: **08/16/1991**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 309 NE 1st Street**  
2a. Mailing Address: **26 309 NE 1st Street**

4. FEI Number: **59-3078627**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23 Gainesville, FL**  
City & State: **28 Gainesville, FL**

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

Zip: **24 32601** Country: **25 Alachua**  
Zip: **29 32601** Country: **30 Alachua**

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**

**ROCHFORD, JEANNE** - Correction -  
**8647 SOUTHWEST 42 PLACE**  
**GAINESVILLE FL 32608**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DC</b>	NAME: <b>THOMAS, NORMAN</b>	1.1 TITLE: <b>DS</b>	NAME: <b>THOMAS, NORMAN</b>
STREET ADDRESS: <b>590 PUTNAL ROAD</b>	CITY-ST-ZIP: <b>MAYO FL</b>	1.2 NAME: <b>THOMAS, NORMAN</b>	1.3 STREET ADDRESS: <b>590 PUTNAL ROAD</b>
		1.4 CITY-ST-ZIP: <b>MAYO, FL</b>	
TITLE: <b>DV</b>	NAME: <b>WHITE LINDA G. (ALACHUA CO SHERIFF DEPT)</b>	2.1 TITLE: <b>D</b>	NAME: <b>WHITE, LINDA G.</b>
STREET ADDRESS: <b>913 SOUTHEAST 5 STREET</b>	CITY-ST-ZIP: <b>GAINESVILLE FL</b>	2.2 NAME: <b>WHITE, LINDA G.</b>	2.3 STREET ADDRESS: <b>913 SE 5TH STREET</b>
		2.4 CITY-ST-ZIP: <b>GAINESVILLE, FL</b>	
TITLE: <b>DS</b>	NAME: <b>GREEN, DALE F.</b>	3.1 TITLE: <b>DC</b>	NAME: <b>GREEN, DALE F.</b>
STREET ADDRESS: <b>7201 NORTHWEST 11 PLACE</b>	CITY-ST-ZIP: <b>GAINESVILLE FL</b>	3.2 NAME: <b>GREEN, DALE F.</b>	3.3 STREET ADDRESS: <b>7201 NORTHWEST 11TH PLACE</b>
		3.4 CITY-ST-ZIP: <b>GAINESVILLE, FL</b>	
TITLE: <b>DT</b>	NAME: <b>PARTICK, HOWARD W.</b>	4.1 TITLE:	NAME:
STREET ADDRESS: <b>4010 NORTHWEST 25 PLACE</b>	CITY-ST-ZIP: <b>GAINESVILLE FL</b>	4.2 NAME:	4.3 STREET ADDRESS:
		4.4 CITY-ST-ZIP:	
TITLE: <b>D</b>	NAME: <b>SPROULL JR., JIM</b>	5.1 TITLE: <b>DV</b>	NAME: <b>JAMERSON, MIKE</b>
STREET ADDRESS: <b>4707 NORTHWEST 57 DRIVE</b>	CITY-ST-ZIP: <b>GAINESVILLE FL</b>	5.2 NAME: <b>JAMERSON, MIKE</b>	5.3 STREET ADDRESS: <b>16807 NW 173RD TERR</b>
		5.4 CITY-ST-ZIP: <b>ALACHUA, FL</b>	
TITLE: <b>D</b>	NAME: <b>SMITH, WAYNE</b>	6.1 TITLE:	NAME:
STREET ADDRESS: <b>710 NORTHEAST FIRST STREET</b>	CITY-ST-ZIP: <b>GAINESVILLE FL</b>	6.2 NAME:	6.3 STREET ADDRESS:
		6.4 CITY-ST-ZIP:	

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: *Jeanne M. Rochford* **Jeanne M. Rochford** 1/25/96 (352) 371-9444

CR2E037 (12/95)