

FILE NOW: FILING FEE IS \$61.25

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**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44721 (1)
1. Corporation Name
KEEP ALACHUA COUNTY BEAUTIFUL, INC.



Principal Place of Business 309 NE 1ST STREET GAINESVILLE FL 32601 US	Mailing Address 309 NE 1ST STREET GAINESVILLE FL 32601 US
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3. Date Incorporated or Qualified 08/16/1991	
4. FEI Number 59-3078627	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HAWKINS, GINA	
STREET ADDRESS	200 E. UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CLINE, FLORENCE A.	
STREET ADDRESS	12646 NW 48TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, DALE F.	
STREET ADDRESS	3011 SW WILLINGTON RD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	PARTICK, HOWARD W.	
STREET ADDRESS	4010 NORTHWEST 25 PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HICKEY, EUGENE	
STREET ADDRESS	1950 NE 27TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, WAYNE	
STREET ADDRESS	710 NORTHEAST FIRST STREET	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 1/29/98 (352) 371-9444

CP2E037 (10/97)