


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90169 048 ****70.00

DOCUMENT # N44721					
1. Entity Name KEEP ALACHUA COUNTY BEAUTIFUL, INC.					
Principal Place of Business 201 NW 10TH AVE. GAINESVILLE, FL 32601 US			Mailing Address 201 NW 10TH AVE. GAINESVILLE, FL 32601 US		
2. Principal Place of Business 602 S. MAIN STREET Suite, Apt. #, etc. SUITE E		3. Mailing Address 602 S. MAIN ST. Suite, Apt. #, etc. SUITE E		04282005 Chg-NP CR2E037 (10/03)	
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 59-3078627	
Zip 32601		Country ALACHUA		Applied For Not Applicable	
Zip 32601		Country ALACHUA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROCHFORD, JEANNE 8647 SOUTHWEST 42 PLACE GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, GINA		NAME		
STREET ADDRESS	200 E. UNIVERSITY AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DALE F		NAME		
STREET ADDRESS	3011 S.W. WILLISTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32614		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAIN, SUSAN		NAME		
STREET ADDRESS	2321 NW 41ST ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASCHE, BOB		NAME		
STREET ADDRESS	1111 N.W. 25TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA HUFF EDWARDS		NAME	HUFF-EDWARDS, MARIA	
STREET ADDRESS	1102 NW 4th Street		STREET ADDRESS	1102 NW 4TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Maria Huff Edwards</i>		Date: 4/28/05		Daytime Phone #: 352-371-9444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARIA HUFF EDWARDS					