


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90058 030 \*\*\*\*61.25

**DOCUMENT # N44721**  
 1. Entity Name  
**KEEP ALACHUA COUNTY BEAUTIFUL, INC.**



Principal Place of Business  
**602 S. MAIN STREET**  
**SUITE E**  
**GAINESVILLE, FL 32601 US**

Mailing Address  
**602 S. MAIN STREET**  
**SUITE E**  
**GAINESVILLE, FL 32601 US**

**40007095**



2. Principal Place of Business - No P.O. Box #  
**519 NE 1ST ST**

3. Mailing Address  
**519 NE 1ST ST**

Suite, Apt. #, etc.

01162008 Chg-NP CR2E037 (12/06)

City & State  
**GAINESVILLE FL**

City & State  
**GAINESVILLE FL**

4. FEI Number  
**59-3078627**

Applied For  
 Not Applicable

Zip  
**32601**

Country

Zip  
**32601**

Country

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

**6. Name and Address of Current Registered Agent**

**MACKENZIE, MARY M**  
**602 S. MAIN STREET**  
**SUITE E**  
**GAINESVILLE, FL 32601**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**519 NE 1ST ST**

City  
**GAINESVILLE**

FL

Zip Code  
**32601**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>CLINE, FLORENCE<br>12646 NW 46TH AVE.<br>GAINESVILLE, FL 32606   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>OWENS, JACKIE<br>408 W. UNIVERSITY AVE.<br>GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>DAUNIC, JOEL<br>602 S. MAIN STREET<br>GAINESVILLE, FL 32601      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>WENBE, FREDDIE<br>P.O. BOX 141858<br>GAINESVILLE, FL 32614       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>519 NE 1ST ST</b><br><b>GAINESVILLE FL 32601</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Mary Mackenzie Executive Director 1-16-08 352-371-9444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #