

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44721

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: KEEP ALACHUA COUNTY BEAUTIFUL, INC.

**Current Principal Place of Business:**

519 NE 1ST ST  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

224 NW 2ND AVE  
GAINESVILLE, FL 32601 US

**Current Mailing Address:**

519 NE 1ST ST  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

224 NW 2ND AVE  
GAINESVILLE, FL 32601 US

FEI Number: 59-3078627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACKENZIE, MARY M  
516 NE 1ST ST  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CLINE, FLORENCE  
Address: 12646 NW 46TH AVE.  
City-St-Zip: GAINESVILLE, FL 32606

Title: DV ( ) Delete  
Name: OWENS, JACKIE  
Address: 408 W. UNIVERSITY AVE.  
City-St-Zip: GAINESVILLE, FL 32601

Title: DT ( ) Delete  
Name: DAUNIC, JOEL  
Address: 519 NE 1ST ST  
City-St-Zip: GAINESVILLE, FL 32601

Title: DS ( ) Delete  
Name: WENBE, FREDDIE  
Address: P.O. BOX 141858  
City-St-Zip: GAINESVILLE, FL 32614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE CLINE

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04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date