2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N94000001142

Entity Name: KEEP POLK COUNTY BEAUTIFUL, INC.

Current Principal Place of Business:

1252 GOLFVIEW AV
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

1252 GOLFVIEW AV
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 59-3233346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DELK, LORRIE
1252 GOLFVIEW AVE.
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

WALKER, LORRIE DELK
1252 GOLFVIEW AVE.
BARTOW, FL 33830 US

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: LORRIE DELK WALKER 01/06/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHAPIN, JIM
Address: 1030 HOOVER RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD ( ) Delete
Name: TOWNLEY, DICK
Address: 450 HOWARD AVE.
City-St-Zip: LAKELAND, FL 33815

Title: TD ( ) Delete
Name: BETTLE, GWEN
Address: 4350 CROWS BLUFF AVE.
City-St-Zip: LAKE WALES, FL 33859

Title: S ( ) Delete
Name: HENDERSON, BETTY
Address: 10 ENVIRONMENTAL LOOP
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: HALL, MALCOLM
Address: 2760 BERKLEY RD.
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete
Name: WHEELER, MARGARET ANNE
Address: P.O. BOX 391
City-St-Zip: BARTOW, FL 33831

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TOWNLEY, DICK
Address: 450 HOWARD AVE.
City-St-Zip: LAKELAND, FL 33815

Title: VD (X) Change ( ) Addition
Name: HALL, MAC
Address: 224 LAKE PANSY DR.
City-St-Zip: WINTER HAVEN, FL 33881

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

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

Title: D (X) Change ( ) Addition
Name: DAVIS, JANIS
Address: 1116 POLK CITY RD.
City-St-Zip: HAINES CITY, FL 33844

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LORRIE DELK WALKER ED 01/06/2005
Electronic Signature of Signing Officer or Director Date