

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001142

FILED
Feb 24, 2009
Secretary of State

Entity Name: KEEP POLK COUNTY BEAUTIFUL, INC.

Current Principal Place of Business:

604 STATE ROAD 60 W
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

604 STATE ROAD 60 W
LAKE WALES, FL 33853 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:

CHIAPPISI, KATHERINE
604 STATE ROAD 60 W
LAKE WALES, FL 33853 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: P () Delete
Name: PARROTTE, THOMAS
Address: 1307 PLEASANT PLACE
City-St-Zip: LAKELAND, FL 33801

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

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

Title: D () Delete
Name: MAKAL, JOSEPH
Address: 4021 OAK PRESERVE DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: PARROTTE, MAUREEN
Address: 1307 PLEASANT PLACE
City-St-Zip: LAKELAND, FL 33801

Title: S () Delete
Name: SMALL, TAMMY
Address: 2740 SR 60 WEST
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: WORTMAN, ANN A
Address: 1875 W. MAIN ST.
City-St-Zip: BARTOW, FL 33830

Title: D (X) Change () Addition
Name: BETTLE, GWEN
Address: 4350 CROWS BLUFF AVE.
City-St-Zip: LAKE WALES, FL 33859

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

Title: D (X) Change () Addition
Name: SMALL, TAMMY
Address: 2740 SR 60 WEST
City-St-Zip: BARTOW, FL 33830

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: GWEN BETTLE

D

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date