


FILED
Apr 09, 2007 8:00 am
Secretary of State

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|--|------------------------|--|--|---|------------------------|--|--|
| DOCUMENT # N94000001142 | | | |  | | 04-09-2007 90091 020 ****61.25 | |
| 1. Entity Name KEEP POLK COUNTY BEAUTIFUL, INC. | | | | | | | |
| Principal Place of Business 1252 GOLFVIEW AV BARTOW, FL 33830 US | | | | Mailing Address 1252 GOLFVIEW AV BARTOW, FL 33830 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| DAVIS, JANIS 1252 GOLFVIEW AVE. BARTOW, FL 33830 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | 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 \$81.25 Due by May 1, 2007 | | | | 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 | PD | <input checked="" type="checkbox"/> Delete | | TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TOWNLEY, DICK | | | NAME | Parrotte, Thomas | | |
| STREET ADDRESS | 450 HOWARD AVE. | | | STREET ADDRESS | 1307 Pleasant Place | | |
| CITY-ST-ZIP | LAKE LAND, FL 33815 | | | CITY-ST-ZIP | Lakeland, FL 33801 | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | | TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PARROTTE, THOMAS | | | NAME | Henderson, Betty | | |
| STREET ADDRESS | 1307 PLEASANT PLACE | | | STREET ADDRESS | 10 Environmental Loop | | |
| CITY-ST-ZIP | LAKE LAND, FL 33801 | | | CITY-ST-ZIP | Winter Haven, FL 33880 | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | | TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HENDERSON, BETTY | | | NAME | Thompson, Brandy | | |
| STREET ADDRESS | 10 ENVIRONMENTAL LOOP | | | STREET ADDRESS | 1252 Golfview Ave | | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 | | | CITY-ST-ZIP | Bartow, FL 33830 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SMALL, TAMMY G | | | NAME | Parrotte, Maureen | | |
| STREET ADDRESS | 2740 SR 60 WEST | | | STREET ADDRESS | 1307 Pleasant Place | | |
| CITY-ST-ZIP | BARTOW, FL 33830 | | | CITY-ST-ZIP | Lakeland, FL 33801 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | WHEELER, MARGARET ANNE | | | NAME | Cotter, Mike | | |
| STREET ADDRESS | P.O. BOX 391 | | | STREET ADDRESS | 1440 Highglen Ct. N. | | |
| CITY-ST-ZIP | BARTOW, FL 33831 | | | CITY-ST-ZIP | Lakeland, FL 33813 | | |
| TITLE | | <input checked="" 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 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 _____ | | | | 3/19/07 863-533-8423 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | | | |