

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000008317

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**2913797156CC**

**Entity Name:** KEEP NSB CLEAN CORPORATION

**Current Principal Place of Business:**

423 COLUMBUS AVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

423 COLUMBUS AVE  
NEW SMYRNA BEACH, FL 32169 US

**FEI Number:** 83-1426692

**Certificate of Status Desired:** No

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

HENLINE, LINDA  
423 COLUMBUS AVE  
NEW SMYRNA BEACH, FL 32169 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HENLINE, LINDA  
Address 423 COLUMBUS AVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title V  
Name DIX, DEBORAH K  
Address 418 COLUMBUS AVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title T  
Name PALMER, LINDA E  
Address 504 COOPER STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title S  
Name DOLPHY, KRISTEN KELPIN  
Address 805 8TH AVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA HENLINE

**PRESIDENT**

**01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date