

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90048 039 *****61.25

DOCUMENT # 757370

1. Entity Name

KEEP WINTER HAVEN CLEAN & BEAUTIFUL, INC.



Principal Place of Business

210 CYPRESS GARDENS BLVD.
P. O. BOX 7431
WINTER HAVEN FL 33883

Mailing Address

210 CYPRESS GARDENS BLVD.
P. O. BOX 7431
WINTER HAVEN FL 33883

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2078354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, DAVID
141 5TH STREET N.W.
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **ED** ☐ Delete
NAME **GILDER, PAT**
STREET ADDRESS **4004 CYPRESS LANDINGS S.**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **C** ☒ Delete
NAME **HYNISON, BETTE**
STREET ADDRESS **812 LAKE ELBERT CT., NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **T** ☐ Delete
NAME **MERCER, TRACY**
STREET ADDRESS **C/O CTY IF WNTRHVN, 3RD ST., CTY HALL**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☐ Delete
NAME **EASTERLING MAYOR, MIKE**
STREET ADDRESS **919 LAKE HOWARD DR. N**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **DOES** ☐ Delete
NAME **DOLES, BETTY JEAN**
STREET ADDRESS **2451 MARY JEWITT CIRCLE NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **S** ☐ Delete
NAME **SHAW, BEA**
STREET ADDRESS **4710 BREEZER DR**
CITY-ST-ZIP **LAKE WALES FL 33859**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CHAIRMAN** ☐ Change ☒ Addition
NAME **HARRIET BOHYER**
STREET ADDRESS **781 WAKULLA DR**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: