

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

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**59-2078354**      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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> <b>GILDER, PAT</b> <b>4004 CYPRESS LANDINGS S.</b> <b>WINTER HAVEN FL 33884</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>HYNSON, BETTE</b> <b>812 LAKE ELBERT CT., NE</b> <b>WINTER HAVEN FL 33881</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN</b> <b>HARRIET BOHYER</b> <b>781 WAKULLA DR.</b> <b>WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MERCER, TRACY</b> <b>C/O CTY IF WNTRHVN, 3RD ST., CTY HALL</b> <b>WINTER HAVEN FL 33880</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EASTERLING MAYOR, MIKE</b> <b>919 LAKE HOWARD DR. N</b> <b>WINTER HAVEN FL 33881</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOLES, BETTY JEAN</b> <b>2451 MARY JEWITT CIRCLE NE</b> <b>WINTER HAVEN FL 33881</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SHAW, BEA</b> <b>4710 BREEZER DR</b> <b>LAKE WALES FL 33859</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**