

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90074 032 \*\*\*\*61.25

DOCUMENT # 757370

1. Entity Name

KEEP WINTER HAVEN CLEAN & BEAUTIFUL, INC.



Principal Place of Business

Mailing Address

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

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



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

4. FEI Number

59-2078354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2007**

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	ED GILDER, PAT 4004 CYPRESS LANDINGS S. WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	C BOHYER, HARRIET 781 WAKULLA DR WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T <del>MERCER, TRACY</del> <del>C/O CITY OF WINTER HAVEN, 3RD ST., CITY HALL</del> WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D EASTERLING MAYOR, MIKE 919 LAKE HOWARD DR. N WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<del>VP TREAS</del> DOLES, BETTY JEAN 2451 MARY JEWITT CIRCLE NE WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	S SHAW, BEA 4710 BREEZER DR LAKE WALES FL 33859	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia T. Gilder 863-291-5662

Date

Daytime Phone #