2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90036 048 ****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

1st MOORE CR2E037 (10/07)

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

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 _____ DATE

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required if agent is changing)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	☐ Delete		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. BOHYER, HARRIET 781 WAKULLA DR WINTER HAVEN FL 33884	☐ Delete	RACHELLE SELSER, SEC. 2108 AUTUMN LEAF DR. WINTER HAVEN, FL. 33884.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EASTERLING MAYOR, MIKE 919 LAKE HOWARD DR. N WINTER HAVEN FL 33881	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOLES, BETTY JEAN 2451 MARY JEWITT CIRCLE NE WINTER HAVEN FL 33881	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST S.D. SHAW, BEA 4710 BREEZER DR LAKE WALES FL 33859	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS MICHELLE JOYCE 1101 12 ST. WINTER HAVEN, FL. 33880	☐ Delete		☐ Change ☐ 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: Bea Shaw, Asst. Ex Director 1-28-07 863-291-5662