

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002415

FILED
Apr 18, 2008
Secretary of State

Entity Name: KEEP CHARLOTTE BEAUTIFUL, INC.

Current Principal Place of Business:

25550 HARBOR VIEW RD., SUITE 2
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

25550 HARBOR VIEW RD., SUITE 2
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 01-0588554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOYLE, MELISSA
23046 HARBOR VIEW ROAD
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOYLE, MELISSA
Address: 23046 HARBOR VIEW ROAD
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: LEVASSEUR, LOIS
Address: 212 BROADMOOR LANE
City-St-Zip: ROTONDA WEST, FL 33947

Title: D () Delete
Name: HARDER, MARY
Address: 26300 AIRPORT RD.
City-St-Zip: PORT CHARLOTTE, FL 33950

Title: D (X) Delete
Name: JIROUT, JUDY
Address: P.O. BOX
City-St-Zip: EL JOBEAN, FL 33927

Title: D () Delete
Name: KULA, BARBARA
Address: 20175 RUTHERFORD DR.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: KECKEN, JERRY
Address: 3274 DAYTONA DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLENDA ANDERSON

ED

04/18/2008

Electronic Signature of Signing Officer or Director

Date