# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N01000002415

**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:**

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

**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 | ( ) 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: | |

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 04/30/2009

Electronic Signature of Signing Officer or Director — Date