

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25033

FILED  
Jan 12, 2006  
Secretary of State

**Entity Name:** KEEP PALM BEACH COUNTY BEAUTIFUL, INC.

**Current Principal Place of Business:**

1920 PALM BEACH LAKES BLVD.  
SUITE 210  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

1920 PALM BEACH LAKES BLVD.  
SUITE 210  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 65-0117981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WAGNER, ALAN M C  
1920 PALM BEACH LAKES BLVD #211  
WEST PALM BEACH, FL 33409 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: T ( ) Delete  
Name: LEISINGER, JO ELLEN  
Address: 200 DESOTA ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405M

Title: P ( ) Delete  
Name: WEBB, LIBBEY  
Address: 420 COLUMBIA DR, STE 110  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VD ( ) Delete  
Name: WINCHESTER, JACKIE  
Address: 1901 CARIBBEAN ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VD ( ) Delete  
Name: SCHWAB, TOWNSLEY  
Address: 5023 WHIPERING HOLLOW  
City-St-Zip: WEST PALM BEACH, FL 33418

Title: VDS ( ) Delete  
Name: COHEN, STEVE  
Address: 10272 HERONWOOD LANE  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: DED ( ) Delete  
Name: FERRIS, LOURDES  
Address: 1920 PALM BEACH LAKES BLVD., 210  
City-St-Zip: WEST PALM BEACH, FL 33409

**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 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: LOURDES FERRIS

DED

01/12/2006

Electronic Signature of Signing Officer or Director

Date