

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44721

**FILED**  
**Jun 25, 2012**  
**Secretary of State**

**Entity Name:** KEEP ALACHUA COUNTY BEAUTIFUL, INC.

**Current Principal Place of Business:**

224 NW 2ND AVE  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

224 NW 2ND AVE  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

**FEI Number:** 59-3078627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACKENZIE, MARY M  
224 NW 2ND AVE.  
GAINESVILLE, FL 32601 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:** DP  
**Name:** CLINE, FLORENCE  
**Address:** 12646 NW 46TH AVE.  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** DV  
**Name:** SASNETT, GAIL  
**Address:** 224 NW 2ND AVE  
**City-St-Zip:** GAINESVILLE, FL 32601

**Title:** DT  
**Name:** WEHBE, FREDDIE  
**Address:** 224 NW 2ND AVE.  
**City-St-Zip:** GAINESVILLE, FL 32601

**Title:** DS  
**Name:** MCDONALD, JUSTINE  
**Address:** 224 NW 2ND AVE.  
**City-St-Zip:** GAINESVILLE, FL 32601

I hereby 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 all other like empowered.

**SIGNATURE:** MICKIE MACKENZIE

RA

06/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date