

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45225

FILED
May 19, 2006
Secretary of State

Entity Name: KEEP WAKULLA COUNTY BEAUTIFUL, INC.

Current Principal Place of Business:

P.O. BOX 700
CRAWFORDVILLE, FL 323260700

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 700
CRAWFORDVILLE, FL 323260700

New Mailing Address:

FEI Number: 59-3089214 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAW, MARJORIE
169 BEATY TAFF DRIVE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

LAW, MARJORIE
151 COUNTRY CLUB DRIVE
CRAWFORDVILLE, FL 32327 US

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: _____

05/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENDERSON, DON
Address: 5 ALBIN DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD () Delete
Name: STRICKLAND, JOANNE
Address: PO BOX 473/26 TOLKIEN WAY
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: TD () Delete
Name: JONES, DOUG
Address: 4330 CRAWFORDVILLE HIGHWAY/PO BOX 525
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: SD () Delete
Name: DAY, KAREN
Address: 15 OAK STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: HANWAY, JULIA
Address: 3128 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: ANDERSON, RANDY
Address: 344 ROSE STREET
City-St-Zip: SOPCHOPPY, FL 32358

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: SD (X) Change () Addition
Name: BURGESS, BONNIE
Address: 109 COCHISE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

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: DOUG JONES

TD

05/19/2006

Electronic Signature of Signing Officer or Director

Date