2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45225

FILED May 07, 2008 Secretary of State

Entity Name: KEEP WAKULLA COUNTY BEAUTIFUL, INC.

Current Principal Place of Business: New Principal Place of Business: 15 OAK STREET CRAWFORDVILLE, FL 32327 **Current Mailing Address: New Mailing Address:** P.O. BOX 700 P.O. BOX 700 CRAWFORDVILLE, FL 323260700 CRAWFORDVILLE, FL 32326 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: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HENDERSON, DON Name: Name: **5 ALBIN DRIVE** Address: Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: () Delete Title: Title: () Change () Addition STRICKLAND, JOANNE Name: Name: Address: PO BOX 473/26 TOLKIEN WAY Address: City-St-Zip: CRAWFORDVILLE, FL 32326 City-St-Zip: Title: VD. () Delete Title: (X) Change () Addition JONES, DOUG Name: JONES, DOUG Name: 4330 CRAWFORDVILLE HIGHWAY/PO BOX 525 4330 CRAWFORDVILLE HIGHWAY/PO BOX 525 Address: Address: City-St-Zip: CRAWFORDVILLE, FL 32326 City-St-Zip: CRAWFORDVILLE, FL 32326 Title: TD () Delete Title: SD (X) Change () Addition BURGESS, BONNIE Name: Name: MASSA, LARRY 109 COCHISE DRIVE Address: Address: 15 OAK STREET City-St-Zip: CRAAWFORDVILLE, FL 32327 City-St-Zip: CRAAWFORDVILLE, FL 32327 Title: () Delete Title: (X) Change () Addition HANWAY, JULIA GEIGER, AMY Name: Name: 3128 CRAWFORDVILLE HWY 2592 CRAWFORDVILLE HIGHWAY Address: Address: CRAWFORDVILLE, FL 32327 City-St-Zip: City-St-Zip: CRAWFORDVILLE, FL 32327 Title: () Delete Title: (X) Change () Addition ANDERSON, RANDY GALE. HANNA Name: Name: Address: 344 ROSE STREET Address: 82 ANN CIRCLE SOPCHOPPY, FL 32358 CRAWFORDVILLE, FL 32327 City-St-Zip: 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: DOUG JONES TD 05/07/2008