

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45225

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: KEEP WAKULLA COUNTY BEAUTIFUL, INC.

**Current Principal Place of Business:**

15 OAK STREET  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 700  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

FEI Number: 59-3089214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAW, MARJORIE  
151 COUNTRY CLUB DRIVE  
CRAWFORDVILLE, FL 32327 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: 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: MASSA, LARRY  
Address: 15 OAK STREET  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: GEIGER, AMY  
Address: 2592 CRAWFORDVILLE HIGHWAY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: GALE, HANNA  
Address: 82 ANN CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

**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: BANISTER, NINA  
Address: 15 OAK STREET/PO BOX 1358  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D (X) Change ( ) Addition  
Name: BRAND, JANE  
Address: 113 DREAMWOOD STABLES ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: DOUG JONES

TD

03/19/2009

Electronic Signature of Signing Officer or Director

Date