

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 30, 2010
Secretary of State

DOCUMENT# N45225

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:**MORSE, ERICA
84 DOE RUN
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
Name: HENDERSON, DON
Address: 5 ALBIN DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

Title: SD
Name: ASHLEY, BRUCE
Address: 15 OAK STREET/PO BOX 1358
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: TD
Name: BRAND, JANE
Address: 113 DREAMWOOD STABLES ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: MASSA, LARRY
Address: 15 OAK STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

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: JANE E. BRAND

TD

04/30/2010

Electronic Signature of Signing Officer or Director

Date