

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45225

FILED
Jan 11, 2012
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:

PALMER, JO ANN
29 RESERVATION COURT
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: ED
Name: PALMER, JO ANN
Address: 29 RESERVATION COURT
City-St-Zip: CRAWFORDVILLE, FL 32327

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: GILBERT, DURENE
Address: 27 WEST POINT DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: PAUL, NANCY
Address: P.O. BOX 421
City-St-Zip: PANACEA, FL 32346

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: JO ANN PALMER

ED

01/11/2012

Electronic Signature of Signing Officer or Director

Date