

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46797 (9)**

1. Corporation Name  
**KEEP PINELLAS COUNTY BEAUTIFUL, INC.**

Principal Place of Business <b>1425 MAIN STREET, UNIT N DUNEDIN FL 34696</b>	Mailing Address <b>1425 MAIN STREET, UNIT N DUNEDIN FL 34696</b>
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3. Date Incorporated or Qualified  
**01/13/1992**

4. FEI Number  
**65-0309717**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

2. Principal Place of Business <b>21 2144 Sunnydale Blvd.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2144 Sunnydale Blvd.</b> Suite, Apt. #, etc.
22 City & State <b>23 Clearwater, FL</b>	27 City & State <b>28 Clearwater, FL</b>
24 Zip <b>33765</b>	25 Country <b>USA</b>
29 Zip <b>33765</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**LAPORTE, ANTHONY J  
C/O 1425 MAIN STREET  
UNIT N  
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2144 Sunnydale Blvd.</b>
83	
84 City	<b>Clearwater, FL</b>
85 Zip Code	<b>33765</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PINTA, THOMAS J</b>	1.2 NAME	
STREET ADDRESS	<b>1425 MAIN STREET, UNIT N</b>	1.3 STREET ADDRESS	<b>2144 Sunnydale Blvd.</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 33765</b>
TITLE	VCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GREY, ANDREW</b>	2.2 NAME	<b>Anthony J. LaPorte</b>
STREET ADDRESS	<b>1425 MAIN STREET, UNIT N</b>	2.3 STREET ADDRESS	<b>2144 Sunnydale Blvd.</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>	2.4 CITY-ST-ZIP	<b>Clearwater, FL 33765</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ACQUAVIVA, LUCY</b>	3.2 NAME	<b>Lois Maxwell</b>
STREET ADDRESS	<b>1425 MAIN STREET, UNIT N</b>	3.3 STREET ADDRESS	<b>2144 Sunnydale Blvd.</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>	3.4 CITY-ST-ZIP	<b>Clearwater, FL 33765</b>
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PINTA, EUNICE</b>	4.2 NAME	<b>Director</b>
STREET ADDRESS	<b>1425 MAIN STREET, UNIT N</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KAMPKA, TRACI</b>	5.2 NAME	<b>Rev. Mary Story</b>
STREET ADDRESS	<b>1425 MAIN STREET, UNIT N</b>	5.3 STREET ADDRESS	<b>2144 Sunnydale Blvd.</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>	5.4 CITY-ST-ZIP	<b>Clearwater, FL 33765</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEDFORD, MICHAEL</b>	6.2 NAME	<b>Director</b>
STREET ADDRESS	<b>1425 MAIN STREET, UNIT N</b>	6.3 STREET ADDRESS	<b>Rand Baldwin</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>	6.4 CITY-ST-ZIP	<b>2144 Sunnydale Blvd.</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Anthony J. LaPorte, Chairman** Date **1-6-98** Daytime Phone # **813/467-2740**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)