

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46797

FILED
Feb 27, 2007
Secretary of State

Entity Name: KEEP PINELLAS COUNTY BEAUTIFUL, INC.

Current Principal Place of Business:

14 NO. ORION AVE
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 901
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 65-0309717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWINT, DOROTHEA
14 NO. ORION AVE
CLEARWATER, FL 33765 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: JAMES, ERIC
Address: PO BOX 901
City-St-Zip: TARPON SPRINGS, FL 34688

Title: STD () Delete
Name: SWINT, DOROTHEA
Address: PO BOX 901
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: STORY, MARY
Address: PO BOX 901
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: KALADA, JOSEPH
Address: PO BOX 901
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: MC CANN, WILLIAM
Address: PO BOX 901
City-St-Zip: TARPON SPRINGS, FL 34688 US

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DOROTHEA SWINT

STD

02/27/2007

Electronic Signature of Signing Officer or Director

Date