

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46797

**FILED**  
**Apr 20, 2011**  
**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:**

14 NO. ORION AVE  
CLEARWATER, FL 33765 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  
Name: SWINT, DOROTHEA  
Address: 14 NO, ORION AVE  
City-St-Zip: CLEARWATER, FL 33765 US

Title: S/T  
Name: HALLADAY, TARA M  
Address: PO BOX 901  
City-St-Zip: TARPON SPRINGS, FL 34688 US

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

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

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

Title: VP/D  
Name: JAMES, ERIC  
Address: PO BOX 901  
City-St-Zip: TARPON SPRINGS, FL 34688 US

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: TARA M. HALLADAY

S/T

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date