

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48660

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: KEEP PINELLAS BEAUTIFUL, INC.

## Current Principal Place of Business:

4707 140TH AVE NO.  
SUITE 214  
CLEARWATER, FL 33762 US

## New Principal Place of Business:

## Current Mailing Address:

4707 140TH AVE NO.  
SUITE 214  
CLEARWATER, FL 33762 US

## New Mailing Address:

FEI Number: 59-3120169      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SANDERS, WILLIAM M  
9925 ULMERTON BLVD  
LOT 137  
LARGO, FL 33770 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: D ( ) Delete  
Name: HELD, FRED JR  
Address: 7700 SUN ISLAND DRIVE, #601  
City-St-Zip: SOUTH PASADENA, FL 33707

Title: P ( ) Delete  
Name: STEBELTON, AGNES  
Address: 1868 SHORE DRIVE S. #311  
City-St-Zip: S. PASADENA, FL 33707

Title: TD ( ) Delete  
Name: NERI, RAY  
Address: 4361 45TH STREET NO.  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: NOLAN, DON  
Address: 665 CAPE BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: M ( ) Delete  
Name: SANDERS, WILLIAM M  
Address: 1530 WINFIELD RD W  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: MALKIN, CAROL  
Address: 12546 CAPRI CIRCLE  
City-St-Zip: TRESASURE ISLAND, FL 33706

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition  
Name: NERI, RAY  
Address: 4361 45TH STREET NO.  
City-St-Zip: ST. PETERSBURG, FL 33714

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 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: WILLIAM M. SANDERS

M

02/17/2009

Electronic Signature of Signing Officer or Director

Date