

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50228

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: KEEP HILLSBOROUGH COUNTY BEAUTIFUL, INC.

**Current Principal Place of Business:**

10014 N. DALE MABRY  
SUITE 101  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 273248  
TAMPA, FL 33688

**New Mailing Address:**

FEI Number: 59-3138161      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ECKERT, TIM  
3629 QUEEN PALM DRIVE  
TAMPA, FL 33619 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: PLATT, JAN  
Address: 3531 VILLAGE WAY  
City-St-Zip: TAMPA, FL 33629

Title: VP ( ) Delete  
Name: GROSS, JOE  
Address: 11250 N. 56TH ST.  
City-St-Zip: TAMPA, FL 33687

Title: DT ( ) Delete  
Name: ECKERT, TIM  
Address: 3629 QUEEN PALM DRIVE  
City-St-Zip: TAMPA, FL 33619

Title: SD ( ) Delete  
Name: NOVAK, KATHRYN  
Address: 449 CENTRAL AVE.  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: ED ( ) Delete  
Name: COMMERCE, CHRISTINE E  
Address: 10014 N. DALE MABRY, STE. 101  
City-St-Zip: TAMPA, FL 33618

**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: SD (X) Change ( ) Addition  
Name: HANLON, LORRAINE  
Address: 200 N. 19TH ST.  
City-St-Zip: TAMPA, FL 33605

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: CHRISTINE COMMERCE

ED

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date