



2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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|--|---|---|--|---|--|
| DOCUMENT # N94000001142 1. Entity Name KEEP POLK COUNTY BEAUTIFUL, INC. | |  | | FILED 07 DEC 13 PM 3: 32 JAIL ANNASSEE, FLORIDA | |
| Principal Place of Business 1252 GOLFVIEW AV BARTOW, FL 33830 US | | Mailing Address 1252 GOLFVIEW AV BARTOW, FL 33830 US | |  | |
| 2. Principal Place of Business - No P.O. Box # 604 State Road 60W | | 3. Mailing Address 604 State Road 60W | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Lake Wales, FL | | City & State Lake Wales, FL | | 4. FEI Number 59-3233346 | |
| Zip 33853 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DAVIS, JANIS 1252 GOLFVIEW AVE. BARTOW, FL 33830 | | 7. Name and Address of New Registered Agent Name Katherine Chiappisi Street Address (P.O. Box Number is Not Acceptable) 604 State Road 60W City Lake Wales FL Zip Code 33853 | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Katherine Chiappisi</u> DATE <u>12/10/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P PARROTTE, THOMAS 1307 PLEASANT PLACE LAKELAND, FL 33801 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Margaret Anne Wheeler P.O. Box 391 Bartow, FL 33831 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP HENDERSON, BETTY 10 ENVIRONMENTAL LOOP WINTER HAVEN, FL 33880 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Joseph Makal 4021 Oak Preserve Dr. Winter Haven, FL 33880 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D COTTER, MIKE 1940 HIGHGLEN CT N LAKELAND, FL 33813 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Ray Holbrook 3730 Ewell Rd. Lakeland, FL 33811 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S THOMPSON, BRANDY 1252 GOLFVIEW AVE BARTOW, FL 33830 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 12/10/07 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T PARROTTE, MAUREEN 1307 PLEASANT PLACE LAKELAND, FL 33801 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 300113218483 12/18/07--01019--010 **\$61.25 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Secretary Tammy Small 2740 SR 60 West Bartow, FL 33830 | <input type="checkbox"/> Delete ADD | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Katherine Chiappisi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>12/10/07</u> Daytime Phone # <u>(813) 676-7019</u> | | |