

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001142

FILED  
Apr 27, 2008  
Secretary of State

**Entity Name:** KEEP POLK COUNTY BEAUTIFUL, INC.

**Current Principal Place of Business:**

604 STATE ROAD 60 W  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

604 STATE ROAD 60 W  
LAKE WALES, FL 33853 US

**New Mailing Address:**

**FEI Number:** 59-3233346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIAPPISI, KATHERINE  
604 STATE ROAD 60 W  
LAKE WALES, FL 33853 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: P ( ) Delete  
Name: PARROTTE, THOMAS  
Address: 1307 PLEASANT PLACE  
City-St-Zip: LAKELAND, FL 33801

Title: VP ( ) Delete  
Name: HENDERSON, BETTY  
Address: 10 ENVIRONMENTAL LOOP  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: WHEELER, MARGARET A  
Address: P.O. BOX 391  
City-St-Zip: BARTOW, FL 33831

Title: D ( ) Delete  
Name: MAKAL, JOSEPH  
Address: 4021 OAK PRESERVE DR  
City-St-Zip: WINTER HAVEN, FL 33880

Title: T ( ) Delete  
Name: PARROTTE, MAUREEN  
Address: 1307 PLEASANT PLACE  
City-St-Zip: LAKELAND, FL 33801

Title: S ( ) Delete  
Name: SMALL, TAMMY  
Address: 2740 SR 60 WEST  
City-St-Zip: BARTOW, FL 33830

**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:

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: MAUREEN PARROTTE

T

04/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date