

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000004358 (7)**

1. Corporation Name

**KEEP HERNANDO COUNTY BEAUTIFUL, INC.**



Principal Place of Business

Mailing Address

% GREAT HERNANDO COUNTY CHAMBER OF COMMERC  
101 EAST FORT DADE AVE.  
BROOKSVILLE FL 34601

% GREAT HERNANDO COUNTY CHAMBER OF COMMERC  
101 EAST FORT DADE AVE.  
BROOKSVILLE FL 34601

3. Date incorporated or Qualified **09/06/1994** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number **59-3223817** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DOUGHERTY, JOHN  
5363 COMMERCIAL WAY  
SPRING HILL FL 34601**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOWREY, THAD</b>	
STREET ADDRESS	<b>6800 OSTEEN RD.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BENEFIELD, KELLY</b>	
STREET ADDRESS	<b>14450 LAND FILL RD.</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34614</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOUGHERTY, JOHN</b>	
STREET ADDRESS	<b>5363 COMMERCIAL WAY</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34606</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBINSON, HAL</b>	
STREET ADDRESS	<b>101 EAST FT. DADE AVE.</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Linda Pedersen	
1.3 STREET ADDRESS	6477 W. Richard Dr.	
1.4 CITY-ST-ZIP	Weeki Wachee, FL 34607	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rose Kundrith	
2.3 STREET ADDRESS	10296 Elgin Blvd	
2.4 CITY-ST-ZIP	Spring Hill, FL 34608	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *John A. Dougherty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/19/96* *904 596-5004*  
Date Daytime Phone #

CR2E037 (12/95)