

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90106 027 ****70.00

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1. Entity Name

KEEP FRANKLIN COUNTY BEAUTIFUL, INC.



Principal Place of Business

**61 W. GOLF BEACH.
ST. GEORGE ISLAND FL 32328**

Mailing Address

**P O BOX 120
EASTPOINT FL 32328
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PILCHER, LUCILE
61 W. GOLF BEACH DR.
ST. GEORGE ISLAND FL 32328**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	SD	<input type="checkbox"/> Delete
NAME	LIPSCOMB, TICIA	
STREET ADDRESS	60 EAST GULF BEACH DRIVE	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOSELEY, BETH	
STREET ADDRESS	120 OLD FERRY DOCK RD	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONAHOE, SHAUN	
STREET ADDRESS	17 1/2 AVE E.	
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOGAN, CINDY	
STREET ADDRESS	198 OLD FERRY DOCK RD.	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, VAN	
STREET ADDRESS	210 HIGHWAY 65	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED *Lucile Pilcher 06/19/03 850 9274326*

CR2E037 (10/02)