

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003247

FILED
Aug 16, 2005
Secretary of State

Entity Name: KEEP TRI-COUNTIES BEAUTIFUL, INC.

Current Principal Place of Business:

ROUTE 1, BOX 375
RAIFORD, FL 32083

New Principal Place of Business:

24638 NE 157TH STREET
RAIFORD, FL 32083

Current Mailing Address:

P.O. BOX 647
RAIFORD, FL 32083

New Mailing Address:

FEI Number: 59-3492563 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CROFT, JAMES
ROUTE 1, BOX 375
RAIFORD, FL 32083 US

Name and Address of New Registered Agent:

CROFT, JAMES
24638 NE 157TH STREET
RAIFORD, FL 32083 US

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: _____

08/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BREMAN, JACQUE
Address: 25 NORTH FIRST ST.
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: DP () Delete
Name: KETT, SUSAN
Address: P.O. BOX 70 N/A
City-St-Zip: OLUSTEE, FL 32072 US

Title: D () Delete
Name: BROWN, MARY
Address: 175 W. MAIN ST.
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: D () Delete
Name: WISE, D
Address: 925 E. NORTH TEMPLE
City-St-Zip: STARKE, FL 32091 US

Title: DT () Delete
Name: LOWERY, MARK
Address: P.O. BOX 669
City-St-Zip: GLEN ST. MARY, FL 32040 US

Title: D () Delete
Name: BUTTERFIELD, JUDY
Address: 2266 N. TEMPLE AVE.
City-St-Zip: STARKE, FL 32091 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: BROWN, MARY
Address: 175 W. MAIN ST.
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: D (X) Change () Addition
Name: WISE, DONNY
Address: 925 E. NORTH TEMPLE
City-St-Zip: STARKE, FL 32091 US

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 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 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: JAMES A. CROFT

RA

08/16/2005

Electronic Signature of Signing Officer or Director

Date