NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9700004034

1. Corporation Name

KEEP TALLAHASSEE-LEON COUNTY BEAUTIFUL, INC.

Principal Place of Business

2. Principal Place of Business

21

Mailing Address

PO 80X 1099- PO BOX 191 TALLAHASSEE FL 32302

PO BOX 1839- PO BOX 191

TALLAHASSEE FL 32302

2a. Mailing Address

26



05-15-1999 90018 034 ****61.25



Date Incorporated or Qualifed

07/16/1997

Suite, Apt	#, etc.	Suite, Apt. #, etc.				4. FEI Number		_ 	ilea For
22		27				31-1528968		Not	Applicable
City & State	9	City & State		5. Certifcate of Status Desire			\$8.75 Additional Fee Required		
23	28								
Zip	Country Zip Co			country		Election Campaign Financing		\$5.00 N	•
24	25 29 30			Trust Fund Contribution Added to Fees					Fees
9. Name and Address of Current Registered Agent						10. Name and Address of New	Registered /	Agent	
			8	11	Name				
LIANCON DIANA						(C.C. D	h-61-)		
HANSON, DIANA				12	Street Addres	ss (P.O. Box Number is Not Accep	(able)		
100 N DUVAL				13		<u> </u>			
TALLAHASSEE FL 32302				-		<u></u>			
			8	14	City		FL	85 Zip C	ode
11 Burement	to the provisions of Sections 617 0502	and 617 1508 Florida St	tatutes, the abo)VB-I	named corpor	ation submits this statement for the	e purpose of	changing its r	egistered
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									
	Signature, typed or printed name of registered agent a		NOTE: Registered Ac	gent s	Ignature required v	ADDITIONS/CHANGES TO O		D DIRECTOR	RS IN 12
12.	OFFICERO AND BIRECTORG				77		7110	Change	Addition
TITLE	CD					DRSEY, FRANK			C ,
NAME [Brilly, Oleve			E	1	DICOPA A KINGHAM	•		
STREET ADDRESS	100 N. DUVAL		1.3 STRE	EETA	Doress 40	I E VELLOSATA ST		_	
CITY-ST-ZIP	TALLAHASSEE FL 32302		1.4 CITY	- ST-2	ZIP TJ	LUAYASSEE FL	. <u> </u>		
TITLE	TD DELETE			2.1 TITLE PD			Change	Addition	
NAME	RAKER, ROY		2.2 NAM	E	M	CDOWELL, JIM South Calhood S			{
STREET ADDRESS	100 N. DUVAL		2.3 STRE	EETA	DORESS 315	SOUTH CACHOOD >	T, JJET	E 350	
CITY-ST-ZIP	TALLAHASSEE FL 32302			/- ST-	ZIP TA	LAMASSEE FL ?	32501		
TILE	ED DELETE 3:			E				Change	☐ Addition
NAME	HANSON, DIANA		3.2 NAM	E					}
STREET ADDRESS	400 41 00 0141		> 3.3 S₹R	EET A	DORESS 411	N. CALHOUN			
CITY-ST-ZIP	TALLAHASSEE FL 32302		3.4. CIT	r-ST-	ZIP				
TITLE								Change	☐ Addition
NAME	PAUL. NANCY		4. 2 NAM	Æ					ĺ
STREET ADDRESS	100 N. DUVAL		■'		DORESS				
CITY-ST-ZIP	TALLAHASSEE FL 32302		4.4 CITY	-ST-	ZIP				
TITLE	S DELETE			 E.				Change	☐ Addition
NAME	TRANSOU, SUSIE		5.2 NAM	ΙE					
STREET ADDRESS	100 N. DUVAL		5.3 STRI	EET A	DDRESS				
CITY-ST-ZIP				-ST-	ZIP				
TITLE	THE STREET PLOCAGE	☐ DELET	E 6.1 TITL	E				☐ Change	☐ Addition
NAME			6.2 NAM	Æ					
STREET ADDRESS			6.3 STR	EET A	DORESS				
			6.4 CITY	-ST-	ZIP				
CITY-ST-ZIP	l								

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 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, with all other like empowered.