

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90081 036 ****61.25

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1. Entity Name

KEEP TALLAHASSEE-LEON COUNTY BEAUTIFUL, INC.



Principal Place of Business

3212 BEAUMONT DR
TALLAHASSEE FL 32309

Mailing Address

P O BOX 191
TALLAHASSEE FL 32302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1528968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

HANSON, DIANA
3212 BEAUMONT DRIVE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE DT
NAME DORSEY, FRANK ☐ Delete
STREET ADDRESS 401 E. VIRGINIA ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE BDC
NAME EDCOARDS, BERNIE ☒ Delete
STREET ADDRESS FL LOTTERY 250 MERRIOTT DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ED
NAME HANSON, DIANA ☐ Delete
STREET ADDRESS 411 N. CALHOUN
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE CE
NAME JACOBS, MELBA ☐ Delete
STREET ADDRESS PATIENTS FIRST 505 APPELYARD DR NE
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE DT
NAME WALKER, KIM ☒ Delete
STREET ADDRESS ECOL&ENV 1950 COMMONWEALTH LANE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE David Roberts (Vice Chair) ☐ Change ☐ Addition
NAME PBS+J
STREET ADDRESS 1901 Commonwealth Lane
CITY-ST-ZIP Tallahassee, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Chair ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary
NAME Kristin Harrison ☒ Change ☐ Addition
STREET ADDRESS Bank of America
CITY-ST-ZIP 315 South Calhoun St
Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

Diana Hanson

DIANA HANSON

1-28-4

850 6818589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #