2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004034

FILED Jan 04, 2006 Secretary of State

Entity Name: KEEP TALLAHASSEE-LEON COUNTY BEAUTIFUL, INC.

New Principal Place of Business: Current Principal Place of Business: 3212 BEAUMONT DR TALLAHASSEE, FL 32309 **Current Mailing Address: New Mailing Address:** P O BOX 191 TALLAHASSEE, FL 32302 FEI Number: 31-1528968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANSON, DIANA 3212 BEAUMONT DRIVE TALLAHASSEE, FL 32309 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DORSEY, FRANK Name: Name: 401 E. VIRGINIA ST. Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: VC () Delete Title: (X) Change () Addition ROBERTS, DAVID Name: HOPKINS, CHARLES Name: Address: 1901 COMMONWEALTH LANE Address: SUNTRUST 3522 THOMASVILLE RD. 5TH FLOOR City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32308 Title: () Delete Title: ED (X) Change () Addition HANSON, DIANA HANSON, DIANA Name: Name: 411 N. CALHOUN Address: Address: P. O. BOX 191 TALLAHASSEE, FL 32302 City-St-Zip: TALLAHASSEE, FL 32302 City-St-Zip: Title: C () Delete Title: VC (X) Change () Addition Name: JACOBS, MELBA Name: HORNE, JESSILYN PATIENTS FIRST 505 APPLEYARD DR NE COCA COLA 2050 MARYLAND CIRCLE Address: Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: (X) Change () Addition HARRISON, KRISTIN WILLIAMS, JOHANNA Name: Name: BANK OF AMERICA, 315 SOUTH CALHOUN ST MARPAN 215 EAST PERSHING STREET Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DIANA HANSON ED 01/04/2006