

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005640

1. Entity Name
KEEP CALHOUN COUNTY BEAUTIFUL, INC.



Principal Place of Business
**15870 SE S PARK ST
BLOUNTSTOWN, FL 32424**

Mailing Address
**PO BOX 631
BLOUNTSTOWN, FL 32424**



01262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3371318

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRAYLOR, DORIS
15870 SE S PEAR ST
BLOUNTSTOWN, FL 32424**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	TRAYLOR, DORIS
STREET ADDRESS	15870 SE 3 PEAR ST
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	DT
NAME	WALLER, MARILYN
STREET ADDRESS	23207 NE SR 69
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	DS
NAME	LAMBERT, ALINE
STREET ADDRESS	9346 LAWSON RIDGE
CITY-ST-ZIP	ALPHA, FL 32421
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000316677
04/19/05-80083-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marilyn Waller Marilyn Waller 4-15-05 850-674-4473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #