

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90013 024 ****61.25

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		
2. Principal Place of Business <i>20816 CENTRAL AVE East</i> Suite, Apt. #, etc.		3. Mailing Address <i>PO Box 303</i> Suite, Apt. #, etc.			
City & State <i>Blountstown, FL</i> Zip <i>32424</i>		City & State <i>Blountstown FL</i> Zip <i>32424</i>		4. FEI Number 59-3371318	
Country <i>Calhoun</i>		Country <i>Calhoun</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAYLOR, DORIS 15870 SE S PEAR ST BLOUNTSTOWN, FL 32424				7. Name and Address of New Registered Agent Name <i>Adrienne Wood</i> Street Address (P.O. Box Number is Not Acceptable) <i>9530 SE CR 69</i> City <i>Blountstown</i>	
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.				City FL Zip Code <i>32424</i>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC TRAYLOR, DORIS 15870 SE 3 PEAR ST BLOUNTSTOWN, FL 32424 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Adrienne Wood</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>9530 SE CR 69</i> <i>Blountstown FL 32424</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WALLER, MARILYN 23207 NE SR 69 BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LAMBERT, ALINE 9346 LAWSON RIDGE ALTA, FL 32421 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <i>Minnie Johnson</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>7901 SW Monroe - Johnson Road</i> <i>KINARD FL 32449</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <i>MARY Alice Minnick</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>16116 S PEAR ST</i> <i>Blountstown FL 32424</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Marilyn Waller</i> MARILYN WALLER, TREAS.			Date <i>4/3/06</i> Daytime Phone # <i>850-674-4472</i>		