

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005640

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** KEEP CALHOUN COUNTY BEAUTIFUL, INC.

**Current Principal Place of Business:**

20816 CENTRAL AVE. E.  
BLOUNTSTOWN, FL 32424

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 303  
BLOUNTSTOWN, FL 32424

**New Mailing Address:**

**FEI Number:** 59-3371318      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WOOD, ADRIENNE  
9530 SE CR 69  
BLOUNTSTOWN, FL 32424      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:**

Title: DC      ( ) Delete  
Name: WOOD, ADRIENNE  
Address: 9530 SE CR 69  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DT      ( ) Delete  
Name: WALLER, MARILYN  
Address: 23207 NE SR 69  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DS      ( ) Delete  
Name: JOHNSON, MINNIE  
Address: 7901 SW MONROE JOHNSON RD  
City-St-Zip: KINARD, FL 32449

Title: DS      ( ) Delete  
Name: PARRISH, DOWLING  
Address: 18090 NW COUNTY RD 275  
City-St-Zip: ALTHA, FL 32421

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ADRIENNE WOOD

DC

05/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date