

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005640

FILED
Jul 21, 2009
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:

WOOD, ADRIENNE
9530 SE CR 69
BLOUNTSTOWN, FL 32424 US

Name and Address of New Registered Agent:

PARRISH, DOWLING
18090 NW C.R. 275
ALTHA, FL 32421 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: DOWLING PARRISH

07/21/2009

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: DC (X) Change () Addition
Name: PARRISH, DOWLING
Address: 18090 NW C.R. 275
City-St-Zip: ALTHA, FL 32421

Title: DT (X) Change () Addition
Name: MINNICK, MARY ALICE
Address: PO BOX 361
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DS (X) Change () Addition
Name: SHEARD, GERALDINE
Address: 19569 SE SHEARD RD
City-St-Zip: BLOUNTSTOWN, FL 32449

Title: DVC (X) Change () Addition
Name: TRAYLOR, DORIS
Address: PO BOX 316
City-St-Zip: BLOUNTSTOWN, FL 32424

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: DOWLING PARRISH

DC

07/21/2009

Electronic Signature of Signing Officer or Director

Date