

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N99000005640

**FILED**  
**Oct 20, 2010**  
**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 ( )**

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

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

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

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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DC  
**Name:** PARRISH, DOWLING  
**Address:** 18090 NW C.R. 275  
**City-St-Zip:** ALTHA, FL 32421

**Title:** DT  
**Name:** MINNICK, MARY ALICE  
**Address:** PO BOX 361  
**City-St-Zip:** BLOUNTSTOWN, FL 32424

**Title:** DS  
**Name:** SHEARD, GERALDINE  
**Address:** 19569 SE SHEARD RD  
**City-St-Zip:** BLOUNTSTOWN, FL 32449

**Title:** DVC  
**Name:** TRAYLOR, DORIS  
**Address:** PO BOX 316  
**City-St-Zip:** BLOUNTSTOWN, FL 32424

I hereby 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 all other like empowered.

**SIGNATURE:** MARY ALICE MINNICK

DT

10/20/2010

Electronic Signature of Signing Officer or Director

Date