

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90162 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

15870 SE S PEAR St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Blountstown FL

City & State

4. FEI Number **59-3371318**

Applied For

Not Applicable

Zip

32424

Country

Calhoun

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
NAME **TRAYLOR, DORIS**
STREET ADDRESS **15870 SE 3 PEAR ST**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **DT** ☐ Delete
NAME **WALLER, MARILYN**
STREET ADDRESS **23207 NE SR 69**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☒ Delete
NAME **TAYLOR, SAMATHA**
STREET ADDRESS **20816 CENTRAL AVE E**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Change ☒ Addition
NAME **MARY ALICE MINNICK**
STREET ADDRESS **16116 SE South PEAR St.**
CITY-ST-ZIP **Blountstown FL 32424**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mary Alice Minnick

8-13-03

850-674-4472

CR2E037 (4/03)