

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# N99000007090

Entity Name: KEEP ST. JOHNS COUNTY BEAUTIFUL, INC.

**Current Principal Place of Business:**

3005 ALLEN NEASE ROAD  
ELKTON, FL 32033

**New Principal Place of Business:**

**Current Mailing Address:**

3005 ALLEN NEASE ROAD  
ELKTON, FL 32033

**New Mailing Address:**

FEI Number: 59-3624648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BENJAMIN, CHRISTOPHER  
3005 ALLEN NEASE ROAD  
ELKTON, FL 32033

**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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BENJAMIN, CHRISTOPHER  
Address: 9 DAVIS STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: HOEK, VAN  
Address: 7810 ATLANTIC RD.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: LAIDLAW, MARGARETE  
Address: 120 STOKES LANDING RD  
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: PERRY, SHERIFF NEIL  
Address: 4455 AVENUE A  
City-St-Zip: SAINT AUGUSTINE, FL 32095

**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 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 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: CHRISTOPHER BENJAMIN

PD

04/28/2004

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

\_\_\_\_\_  
Date