

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50140

Entity Name: KEEP TAMPA BAY BEAUTIFUL, INC.**Current Principal Place of Business:**730 WEST EMMA STREET
TAMPA, FL 33603**Current Mailing Address:**P O BOX 2104
TAMPA, FL 33601 US**FEI Number:** 59-3150612**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EVENSON, DEBRA D
730 WEST EMMA STREET
TAMPA, FL 33603 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**Officer/Director Detail :**

Title PRESIDENT
Name CARNEY, NATHAN
Address P O BOX 2104
City-State-Zip: TAMPA FL 33601

Title VP
Name MILNE, MARY
Address P O BOX 2104
City-State-Zip: TAMPA FL 33601

Title DIRECTOR
Name EVENSON, DEBRA D
Address P O BOX 2104
City-State-Zip: TAMPA FL 33601

Title TRUSTEE
Name JOHNSON, BRYANT
Address P O BOX 2104
City-State-Zip: TAMPA FL 33601

Title TREASURER
Name HAYS, PAUL
Address P O BOX 2104
City-State-Zip: TAMPA FL 33601

Title SECRETARY
Name GIESEKING, LORI
Address PO BOX 2104
City-State-Zip: TAMPA FL 33601

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: DEBRA D EVENSON**EXECUTIVE DIRECTOR****01/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date