

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90014 038 \*\*\*\*61.25



**DOCUMENT # N02000004459**  
 1. Entity Name  
**CONSERVE AND PROTECT FLORIDA'S SCENIC BEAUTY**  
**WWW.SCENICBEAUTY.ORG, INC.**

Principal Place of Business Mailing Address  
**1549 CESERY BLVD.** **1549 CESERY BLVD.**  
**JACKSONVILLE FL 32211** **JACKSONVILLE FL 32211**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **01-0729694** Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CRESCIMBENI, JOHN R**  
**1549 CESERY BLVD.**  
**JACKSONVILLE FL 32211**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature and filed with reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  Delete  
 NAME **D HILLIARD, MARION B**  
 STREET ADDRESS **2902 GREENRIDGE RD**  
 CITY-ST-ZIP **ORANGE PARK FL 32073-6412**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D PIERPONT, LESLIE H**  
 STREET ADDRESS **4157 ORTEGA BLVD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210-4421**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D CRESCIMBENI, JOHN R**  
 STREET ADDRESS **~~5791 UNIVERSITY CLUB BLVD., #1312~~**  
 CITY-ST-ZIP **~~JACKSONVILLE FL 32277~~**

Change  Addition  
 TITLE **D**  
 NAME **CRESCIMBENI, JOHN R**  
 STREET ADDRESS **P O BOX 8962**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32239**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: \_\_\_\_\_ *June 1, 2008* *904-743-2355*