

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Sep 10, 2009  
Secretary of State

DOCUMENT# N02000004459

**Entity Name:** CONSERVE AND PROTECT FLORIDA'S SCENIC BEAUTY WWW.SCENICBEAUTY.ORG, INC.

**Current Principal Place of Business:**

1549 CESERY BLVD.  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

1549 CESERY BLVD.  
JACKSONVILLE, FL 32211

**New Mailing Address:**

FEI Number: 01-0729694      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CRESCIMBENI, JOHN R  
1549 CESERY BLVD.  
JACKSONVILLE, FL 32211    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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HILLIARD, MARION B  
Address: 2902 GREENRIDGE RD  
City-St-Zip: ORANGE PARK, FL 320736412

Title: D ( ) Delete  
Name: PIERPONT, LESLIE H  
Address: 4157 ORTEGA BLVD  
City-St-Zip: JACKSONVILLE, FL 322104421

Title: D ( ) Delete  
Name: CRESCIMBENI, JOHN R  
Address: PO BOX 8962  
City-St-Zip: JACKSONVILLE, FL 32239

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN R. CRESCIMBENI

D

09/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date