

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004459

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4401 EMERSON STREET  
SUITE 10  
JACKSONVILLE, FL 322074954

**New Principal Place of Business:**

**Current Mailing Address:**

4401 EMERSON STREET  
SUITE 10  
JACKSONVILLE, FL 322074954

**New Mailing Address:**

**FEI Number:** 01-0729694      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

POLLAK, WILLIAM S  
19 W. FLAGLER STREET  
SUITE 607  
MIAMI, FL 331304408 US

**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: PST  
Name: BRINTON, WILLIAM D  
Address: 1835 CHALLEN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: D,V  
Name: HAWKINS, MURRAY (LAD) F III  
Address: 1924 HOLLY OAKS LAKE ROAD WEST  
City-St-Zip: JACKSONVILLE, FL 322254434

Title: D  
Name: COCCIOLO, RACHEL  
Address: 4435 TOUCHTON ROAD EAST, APT 520  
City-St-Zip: JACKSONVILLE, FL 32246

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: WILLIAM D. BRINTON

PST

02/23/2012

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

\_\_\_\_\_ Date