

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20049

Entity Name: SCENIC JACKSONVILLE, INC.

Current Principal Place of Business:

C/O JOAN D. COUSAR
3700 RICHMOND STREET
JACKSONVILLE, FL 32205-9426

Current Mailing Address:

SCENIC JACKSONVILLE, INC.
P.O. BOX 380046
JACKSONVILLE, FL 32205-0546

FEI Number: 27-1129715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AHO, MARIANNE L
1200 RIVERPLACE BLVD.
SUITE 800
JACKSONVILLE, FL 32207-1805 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 PTSD
Name COUSAR, JOAN D
Address 3700 RICHMOND STREET
City-State-Zip: JACKSONVILLE FL 32205-9426

Title VD
Name GASSETT, S W
Address 117 HOLLY BERRY LANE
City-State-Zip: JACKSONVILLE FL 32259-8897

Title VD
Name CAVEN, SUSAN
Address 2775 WHITE OAK LANE
City-State-Zip: JACKSONVILLE FL 32207-4135

Title D
Name HAWKINS, MURRAY FIII
Address 1924 HOLLY OAKS LAKE ROAD WEST
City-State-Zip: JACKSONVILLE FL 32225-4434

Title V
Name CHEPENIK, LOIS
Address 2647 FOREST POINT CT.
City-State-Zip: JACKSONVILLE FL 32257-5623

Title AT
Name KAMPS-STEWART, HELENE
Address 1092 INGLESIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32205-5269

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: JOAN D. COUSAR

PRESIDENT

04/14/2013

Electronic Signature of Signing Officer/Director Detail

Date