

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20049

Entity Name: SCENIC JACKSONVILLE, INC.**Current Principal Place of Business:**3575 RIVERSIDE AVE
JACKSONVILLE, FL 32205**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:**GRANT, ALICIA B
3575 RIVERSIDE AVE
JACKSONVILLE, FL 32205 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:** ALICIA B GRANT

01/26/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CAVEN, SUSAN
Address	2775 WHITE OAK LANE
City-State-Zip:	JACKSONVILLE FL 32207-4135
Title	VP, DIRECTOR
Name	LARSON, TOM
Address	887 MARCHSIDE DRIVE
City-State-Zip:	JACKSONVILLE BEACH FL 32250
Title	SECRETARY
Name	LAURA, D'ALISERA
Address	11874 W CLEARWATER OAKS DR
City-State-Zip:	JACKSONVILLE FL 32223

Title	TREASURER
Name	GRANT, ALICIA BROWN
Address	3575 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32205-8448
Title	VP
Name	KIRWAN, MICHAEL B
Address	3507 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32205

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: ALICIA BROWN GRANT**TREASURER**

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date