


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 08:00 AM
Secretary of State

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

Principal Place of Business 1549 CESERY BLVD. JACKSONVILLE, FL 32211	Mailing Address 1549 CESERY BLVD. JACKSONVILLE, FL 32211
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DO NOT WRITE IN THIS SPACE



07182006 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0729694	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRESCIMBENI, JOHN R 1549 CESERY BLVD. JACKSONVILLE, FL 32211	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLIARD, MARION B 2902 GREENRIDGE RD ORANGE PARK, FL 320736412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERPONT, LESLIE H 4157 ORTEGA BLVD JACKSONVILLE, FL 322104421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRESCIMBENI, JOHN R 5791 UNIVERSITY CLUB BLVD., #1312 JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	John R. Crescimbeni	7-12-06	(904) 743-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #