

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009775

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** A1A SCENIC & HISTORIC COASTAL BYWAY, INC.

**Current Principal Place of Business:**

104 S 4TH STREET  
FLAGLER BEACH, FL 321360190

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 190  
FLAGLER BEACH, FL 321360190

**New Mailing Address:**

**FEI Number:** 01-0817026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HADEED, ALBERT J  
104 S 4TH STREET  
FLAGLER BEACH, FL 321360190 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: D-P ( ) Delete  
Name: HELM, CHARLES M  
Address: PO BOX 328  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D-S ( ) Delete  
Name: NETHERTON, JIM  
Address: 9505 OCEANSHORE BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D-VP ( ) Delete  
Name: JENNESS, BARBARA  
Address: 4300 COASTAL HWY  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D-T ( ) Delete  
Name: KIMREY, MARIAN  
Address: 8825 A1A SOUTH # 11  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: RUZECKI, MARY ANN  
Address: 1100 SOUTH CENTRAL AVE.  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D ( ) Delete  
Name: WILSON, ANNE  
Address: 5750 N. OCEANSHORE BLVD.  
City-St-Zip: PALM COAST, FL 32137

**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:

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 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: CHARLES M. HELM

P

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date