

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20049

FILED
Apr 22, 2011
Secretary of State

Entity Name: SCENIC JACKSONVILLE, INC.

Current Principal Place of Business:

C/O TRACEY I. ARPEN
3489 LORETTO ROAD
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

C/O LINDA C. INGHAM
4165 ROMA BOULEVARD
JACKSONVILLE, FL 322108503 US

Current Mailing Address:

C/O TRACEY I. ARPEN
3489 LORETTO ROAD
JACKSONVILLE, FL 32223 US

New Mailing Address:

C/O LINDA C. INGHAM
4165 ROMA BOULEVARD
JACKSONVILLE, FL 322108503 US

FEI Number: 27-1129715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHO, MARIANNE L
1200 RIVERPLACE BLVD.
SUITE 800
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

AHO, MARIANNE L
1200 RIVERPLACE BLVD.
SUITE 800
JACKSONVILLE, FL 322071805 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: _____

04/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTSD
Name: INGHAM, LINDA C
Address: 4165 ROMA BOULEVARD
City-St-Zip: JACKSONVILLE, FL 322108503 US

Title: VD
Name: GASSETT, S W
Address: 117 HOLLY BERRY LANE
City-St-Zip: JACKSONVILLE, FL 322598897 US

Title: VD
Name: CAVEN, SUSAN
Address: 2775 WHITE OAK LANE
City-St-Zip: JACKSONVILLE, FL 322074135 US

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

Title: V
Name: CHEPENIK, LOIS
Address: 2647 FOREST POINT CT.
City-St-Zip: JACKSONVILLE, FL 322575623 US

Title: AT
Name: KAMPS-STEWART, HELENE
Address: 1092 INGLESIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 322055269 US

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: LINDA C. INGHAM

PSTD

04/22/2011

Electronic Signature of Signing Officer or Director

Date