

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90009 044 ****61.25

DOCUMENT # N96000003252

1. Entity Name
SCENIC HIGHWAY FOUNDATION, INC.



Principal Place of Business
**PO BOX 10666
PENSACOLA, FL 32524**

Mailing Address
**PO BOX 10666
PENSACOLA, FL 32524**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3390605

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUTRONE, FRANK
8509 PUNTA LORA
PENSACOLA, FL 32514**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **FOWLER, PEGGY**
STREET ADDRESS **2809 LLOYD ST**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CARLOS, DON**
STREET ADDRESS **405 E SUNSET**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **BUCHANAN, GENA**
STREET ADDRESS **5412 FLINTWOOD CIRCLE**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **CUTRONE, FRANK**
STREET ADDRESS **8509 PUNTA LORA**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **TONY REEVES**
STREET ADDRESS **3965 SCENIC HWY CIR.**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #