

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



04122006 No Chg-NP CR2E037 (11/05)

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

CUTRONE, FRANK
8509 PUNTA LORA
PENSACOLA, FL 32514

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IN THIS SPACE**

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 \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CARLOS, DON
STREET ADDRESS	405 E SUNSET
CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	SD
NAME	BUCHANAN, GENA
STREET ADDRESS	5412 FLINTWOOD CIRCLE
CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	TD
NAME	CUTRONE, FRANK
STREET ADDRESS	8509 PUNTA LORA
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	PD
NAME	REEVES, TONY
STREET ADDRESS	3965 SCENIC HWY CIR
CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/28/06-80010-014 61.25

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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: Frank Cutrone **FRANK CUTRONE** 4/12/06 850-857-6616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #