


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90189 016 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 59-3390605		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent CUTRONE, FRANK 8509 PUNTA LORA PENSACOLA, FL 32514			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD CARLOS, DON 405 E SUNSET PENSACOLA, FL 32507			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP SD BUCHANAN, GENA 5412 FLINTWOOD CIRCLE PENSACOLA, FL 32504			TITLE NAME STREET ADDRESS CITY - ST - ZIP VD JEAN WALLACE 720 BAYOU BLVD PENSACOLA, FL 32503			
TITLE NAME STREET ADDRESS CITY - ST - ZIP TD CUTRONE, FRANKLYN 8509 PUNTA LORA PENSACOLA, FL 32514			TITLE NAME STREET ADDRESS CITY - ST - ZIP VD ED O'CONNEL 4428 PIPER GLEN PENSACOLA, FL 32514			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD REEVES, TONY 3965 SCENIC HWY CIR PENSACOLA, FL 32504			TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u><i>Franklyn Cutrone</i></u> F.L. CUTRONE 4/2/07 850-857-6616						