

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90082 043 ****61.25

DOCUMENT # N98000003505

1. Entity Name

SCENIC AMERICA-FLORIDA CHAPTER, INC.



Principal Place of Business

Mailing Address

4401 EMERSON STREET
SUITE 10
JACKSONVILLE FL 32207

4401 EMERSON STREET
SUITE 10
JACKSONVILLE FL 32207



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3516846

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRINTON, WILLIAM D
1835 CHALLEN AVE.
JACKSONVILLE FL 32205

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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
NAME
STREET ADDRESS
CITY ST ZIP
CSD
BRINTON, WILLIAM D
1835 CHALLEN AVE.
JACKSONVILLE FL 32205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D Vice-President
JARMAN, TRAVIS R
4971 61ST AVENUE S
ST. PETERSBURG, FL 33715 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PD
JONSON, WILLIAM C
2694 REDFORD COURT W
CLEARWATER FL 34621 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VPD
KATHRYN STARKEY
10928 ALICE PASS
New-Bertrichey, FL 34655 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TVD
HILLIARD, MARION B
2902 GREENRIDGE RD
ORANGE PARK FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
BLOODGOOD, DARBY
6530 WOODLAND DR
KEYSTON HEIGHTS FL 32656 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
JAGROWSKI, BARBARA
884 SPANISH WELLS DR.
MELBOURNE FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VPD
SWARTZ, GENA
1811 MAINE CT.
TAVARES FL 32778 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Marion B. Hilliard* MARION B. HILLIARD *Epic VP, Treasurer, Director* *904-*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *March 30, 2007* *264-6619*
Date Daytime Phone #