

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.	
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Principal Place of Business 4401 EMERSON STREET SUITE 10 JACKSONVILLE FL 32207	Mailing Address 4401 EMERSON STREET SUITE 10 JACKSONVILLE FL 32207
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent BRINTON, WILLIAM D 1835 CHALLEN AVE. JACKSONVILLE FL 32205	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 59-3516846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE CSD	NAME BRINTON, WILLIAM D	TITLE D <i>Vice-President</i>	NAME JARMAN, TRAVIS R
STREET ADDRESS 1835 CHALLEN AVE.	CITY ST ZIP JACKSONVILLE FL 32205	STREET ADDRESS 4971 61ST AVENUE S	CITY ST ZIP ST. PETERSBURG, FL 33715
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD	NAME JONSON, WILLIAM C	TITLE VPD	NAME KATHRYN STARKEY
STREET ADDRESS 2694 REDFORD COURT W	CITY ST ZIP CLEARWATER FL 34621	STREET ADDRESS <i>10928 ALICE PASS</i>	CITY ST ZIP <i>NEW-BATRICHEY, FL 34655</i>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TVD	NAME HILLIARD, MARION B	TITLE	NAME
STREET ADDRESS 2902 GREENRIDGE RD	CITY ST ZIP ORANGE PARK FL 32073	STREET ADDRESS	CITY ST ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME BLOODGOOD, DARBY	TITLE	NAME
STREET ADDRESS 6530 WOODLAND DR	CITY ST ZIP KEYSTON HEIGHTS FL 32656	STREET ADDRESS	CITY ST ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME JAGROWSKI, BARBARA	TITLE	NAME
STREET ADDRESS 884 SPANISH WELLS DR.	CITY ST ZIP MELBOURNE FL 32940	STREET ADDRESS	CITY ST ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD	NAME SWARTZ, GENA	TITLE	NAME
STREET ADDRESS 1811 MAINE CT.	CITY ST ZIP TAVARES FL 32778	STREET ADDRESS	CITY ST ZIP
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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** *Elec VP, Treasurer, Director* **March 30, 2007** *904-264-6619*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR