

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90021 025 ****61.25

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1. Entity Name

SCENIC AMERICA-FLORIDA CHAPTER, INC.



Principal Place of Business

4401 EMERSON STREET
SUITE 10
JACKSONVILLE FL 32207

Mailing Address

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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3516846

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

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

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

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

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

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

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

TITLE VD ☐ Delete
NAME JARMAN, TRAVIS R
STREET ADDRESS 4971 61ST AVENUE S
CITY- ST- ZIP SAINT PETERSBURG FL 33715

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition
NAME PIERPONT, LESLIE H
STREET ADDRESS 4157 ORTEGA BOULEVARD
CITY- ST- ZIP JACKSONVILLE, FL 32210

TITLE VD ☐ Change ☒ Addition
NAME STARKEY, KATHRYN
STREET ADDRESS 10928 ALICO PASS
CITY- ST- ZIP NEW PORT RICHEY, FL 34655

TITLE VD ☐ Change ☒ Addition
NAME TREVARTHEN, SUSAN L
STREET ADDRESS 200 E BROWARD BOULEVARD, 19TH FLOOR
CITY- ST- ZIP FT LAUDERDALE, FL 33301

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

TITLE ☐ Change ☐ Addition
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 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 1-30-2008