

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20049

Entity Name: SCENIC JACKSONVILLE, INC.

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

Current Mailing Address:

SCENIC JACKSONVILLE, INC.
P.O. BOX 380046
JACKSONVILLE, FL 32205-0546

FEI Number: 27-1129715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANT, ALICIA B
3575 RIVERSIDE AVE
JACKSONVILLE, FL 32205 US

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.

SIGNATURE: ALICIA B GRANT

02/12/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name KIRWAN, MICHAEL B.
Address ONE INDEPENDENT DRIVE
 SUITE 1300
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER, DIRECTOR
Name LARSON, THOMAS C.
Address 887 MARSHSIDE COURT
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP, DIRECTOR
Name HOFF, BILL
Address 1402 N LAURA ST
City-State-Zip: JACKSONVILLE FL 32206

Title IMMEDIATE PAST PRESIDENT,
 DIRECTOR
Name CAVEN, SUSAN B
Address 2775 WHITE OAK LANE
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY, DIRECTOR
Name LAURA, D'ALISERA
Address 11874 W CLEARWATER OAKS DR
City-State-Zip: JACKSONVILLE FL 32223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS C. LARSON

TREASURER

02/12/2023

Electronic Signature of Signing Officer/Director Detail

Date