

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20049

**FILED  
Apr 29, 2014  
Secretary of State  
CC9348935829**

**Entity Name:** SCENIC JACKSONVILLE, INC.

**Current Principal Place of Business:**

C/O JOAN D. COUSAR  
3700 RICHMOND STREET  
JACKSONVILLE, FL 32205-9426

**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:**

AHO, MARIANNE L  
1200 RIVERPLACE BLVD.  
SUITE 800  
JACKSONVILLE, FL 32207-1805 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PTSD  
Name COUSAR, JOAN D  
Address 3700 RICHMOND STREET  
City-State-Zip: JACKSONVILLE FL 32205-9426

Title VD  
Name GASSETT, S W  
Address 117 HOLLY BERRY LANE  
City-State-Zip: JACKSONVILLE FL 32259-8897

Title VD  
Name CAVEN, SUSAN  
Address 2775 WHITE OAK LANE  
City-State-Zip: JACKSONVILLE FL 32207-4135

Title D  
Name HAWKINS, MURRAY FIII  
Address 1924 HOLLY OAKS LAKE ROAD WEST  
City-State-Zip: JACKSONVILLE FL 32225-4434

Title V  
Name CHEPENIK, LOIS  
Address 2647 FOREST POINT CT.  
City-State-Zip: JACKSONVILLE FL 32257-5623

Title AT  
Name KAMPS-STEWART, HELENE  
Address 1092 INGLESIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32205-5269

*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:** JOAN COUSAR

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date