

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003505

Entity Name: CITIZENS FOR A SCENIC FLORIDA, INC.**Current Principal Place of Business:**2694 REDFORD CT WEST
CLEARWATER, FL 33761**Current Mailing Address:**PO BOX 8952
JACKSONVILLE, FL 32239-0952 US**FEI Number: 59-3516846****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JONSON, WILLIAM C
2694 REDFORD COURT WEST
CLEARWATER, FL 33761 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: WILLIAM C. JONSON****04/09/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name EHRlich, PETER
Address 770 NE 69TH STREET
5-D
City-State-Zip: MIAMI FL 33138

Title VP, DIRECTOR
Name PIERPONT, LESLIE H
Address 4157 ORTEGA BOULEVARD
City-State-Zip: JACKSONVILLE FL 32210

Title TREASURER, DIRECTOR
Name GRANT, ALICIA B
Address 9976 RIDGEFIELD DR
City-State-Zip: JACKSONVILLE FL 32257

Title CHAIRMAN, PRESIDENT
Name JONSON, WILLIAM C
Address 2694 REDFORD COURT WEST
City-State-Zip: CLEARWATER FL 34621

Title SECRETARY, VP, DIRECTOR
Name JARMAN, TRAVIS R
Address 4971 61ST AVENUE S
City-State-Zip: SAINT PETERSBURG FL 33715

Title VC, DIRECTOR
Name BARKER, TRUDY
Address 4971 61ST AVENUE S
City-State-Zip: SAINT PETERSBURG FL 33715

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: ALICIA B. GRANT**TREASURER****04/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date