

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41211

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** JAX TRANSIT MANAGEMENT CORP.

**Current Principal Place of Business:**

100 N. MYRTLE AVE.  
JACKSONVILLE, FL 322041310

**New Principal Place of Business:**

**Current Mailing Address:**

100 N. MYRTLE AVE.  
JACKSONVILLE, FL 322041310

**New Mailing Address:**

FEI Number: 59-3041602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDCOLAW, INC.  
6 EAST BAY STREET  
STE 500  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HALL, CHAROLETTE E  
Address: 100 N. MYRTLE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: ST  
Name: JACOBS, GARY  
Address: 100 N. MYRTLE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP  
Name: VACANT, CURRENTLY  
Address: 100 N. MYRTLE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D  
Name: BLAYLOCK, MICHAEL J  
Address: 100 N. MYRTLE AVE.  
City-St-Zip: JACKSONVILLE, FL 322041310

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: GARY JACOBS

ST

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date