

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41211

**Entity Name:** JAX TRANSIT MANAGEMENT CORP.**Current Principal Place of Business:**100 LAVILLA CENTER DRIVE  
JACKSONVILLE, FL 32204**Current Mailing Address:**100 LAVILLA CENTER DRIVE  
JACKSONVILLE, FL 32204 US**FEI Number:** 59-3041602**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FERGUSON, CLEVELAND  
100 LAVILLA CENTER DRIVE  
JACKSONVILLE, FL 32204 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:** CLEVELAND FERGUSON III

04/02/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name FORD, NATHANIEL P  
Address 100 LAVILLA CENTER DRIVE  
City-State-Zip: JACKSONVILLE FL 32204

Title MANAGER, FIXED ROUTE  
Name BROWN, ANGELA  
Address 100 NORTH MYRTLE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title MANAGER OF VEHICLE  
MAINTENANCE  
Name BENSTON, MARK  
Address 100 NORTH MYRTLE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title MANAGER OF FACILITIES  
MAINTENANCE  
Name AYER, GARY  
Address 100 LAVILLA CENTER DR  
City-State-Zip: JACKSONVILLE FL 32204-1549

Title DIRECTOR, VICE CHAIR AND  
CORPORATE SECRETARY  
Name FERGUSON, CLEVELAND III  
Address 100 LAVILLA CENTER DRIVE  
City-State-Zip: JACKSONVILLE FL 32204

Title PRESIDENT AND COO  
Name SMITH, JEFFREY  
Address 100 NORTH MYRTLE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title DIRECTOR, TREASURER  
Name SRINATH, RAJ  
Address 100 LAVILLA CENTER DRIVE  
City-State-Zip: JACKSONVILLE FL 32204

Title SENIOR VICE PRESIDENT - CIDO  
Name GILLIS, GREER JOHNSON  
Address 100 LAVILLA CENTER DR  
City-State-Zip: JACKSONVILLE FL 32204

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*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:** CLEVELAND FERGUSON III**SECRETARY**

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           MANAGER OF SKYWAY OPERATIONS  
Name           FORDHAM, MORRIS  
Address        100 LAVILLA CENTER DRIVE  
City-State-Zip: JACKSONVILLE FL 32204

Title           MANAGER OF FIXED ROUTE OPERATIONS  
Name           BETTS, ANTHONY  
Address        100 NORTH MYRTLE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title           VICE PRESIDENT - PEOPLE AND  
                  CULTURE  
Name           SMITH, MARY  
Address        100 NORTH MYRTLE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204-1549