

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

DOCUMENT# N41211

**Entity Name:** JAX TRANSIT MANAGEMENT CORP.**Current Principal Place of Business:**100 N. MYRTLE AVE.  
JACKSONVILLE, FL 32204-1310**Current Mailing Address:**100 N. MYRTLE AVE.  
JACKSONVILLE, FL 32204-1310**FEI Number:** 59-3041602**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOSELEY, WILLIAM R  
100 N. MYRTLE AVE.  
JACKSONVILLE, FL 32204-1310 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 R. MOSELEY

04/02/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DARNALL, LISA  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title            VICE PRESIDENT OF MAINTENANCE  
Name            BENSTON, MARK  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title            SECRETARY AND TREASURER  
Name            BREWER, RANDY  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title            CHAIRMAN  
Name            FORD, NATHANIEL P  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title            VICE PRESIDENT OF FIXED ROUTE  
Name            STRINGER, THOMAS  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title            BOARD MEMBER  
Name            MOSELEY, WILLIAM R  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title            BOARD MEMBER  
Name            SLOAN, MICHAEL  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title            BOARD MEMBER  
Name            LI, HENRY  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310

**Continues on page 2**

*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:** WILLIAM MOSELEY**BOARD MEMBER**

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           BOARD MEMBER  
Name           GIBBS, JACQUIE  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title           VICE PRESIDENT OF SKYWAY  
Name           SAMMS, HAROLD  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title           ASSISTANT VICE PRESIDENT OF  
FIXED ROUTE  
Name           MOTTL, KATHLEEN  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310