

**2013 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

04/29/2013

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            SECRETARY, TREASURER  
Name            LAW, WILLIAM  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310

Title            VP  
Name            MORRIS, JOEL  
Address        100 N. MYRTLE AVE.  
City-State-Zip: JACKSONVILLE FL 32204-1310

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

*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:** LISA DARNALL

PRESIDENT

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date