#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41211

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

**FILED** Apr 15, 2015 **Secretary of State** CC6741200256

# **Current Principal Place of Business:**

121 WEST FORSYTH STREET, SUITE 200

JACKSONVILLE, FL 32202

## **Current Mailing Address:**

121 WEST FORSYTH STREET, SUITE 200 JACKSONVILLE, FL 32202 US

FEI Number: 59-3041602 Certificate of Status Desired: Yes

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

MOSELEY, WILLIAM R 121 WEST FORSYTH STREET, SUITE 200 JACKSONVILLE, FL 32202 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 04/15/2015

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT OF MAINTENANCE

DARNALL, LISA BENSTON, MARK Name Name 100 N. MYRTLE AVE. 100 N. MYRTLE AVE. Address Address

City-State-Zip: JACKSONVILLE FL 32204-1310 JACKSONVILLE FL 32204-1310 City-State-Zip:

**CHAIRMAN** Title Title **SECRETARY** 

FORD, NATHANIEL P BREWER, RANDY Name Name

Address 121 WEST FORSYTH STREET, SUITE Address 100 N. MYRTLE AVE.

200

City-State-Zip: JACKSONVILLE FL 32204-1310 City-State-Zip: JACKSONVILLE FL 32202

Title **TREASURER** 

Title **BOARD MEMBER** Name STRINGER, THOMAS Name MOSELEY, WILLIAM R

Address 100 N. MYRTLE AVE. Address 121 WEST FORSYTH STREET, SUITE

JACKSONVILLE FL 32204-1310 City-State-Zip:

City-State-Zip: JACKSONVILLE FL 32202

Title **BOARD MEMBER** 

Title **BOARD MEMBER** LI, HENRY Name Name GIBBS, JACQUIE

Address 121 WEST FORSYTH STREET, SUITE

City-State-Zip: JACKSONVILLE FL 32202

Address 121 WEST FORSYTH STREET, SUITE 200

City-State-Zip: JACKSONVILLE FL 32202

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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.

04/15/2015 SIGNATURE: NATHANIEL FORD **CHAIRMAN** 

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

Title VICE PRESIDENT OF FIXED ROUTE Title VICE PRESIDENT OF SKYWAY

NameMOTTL, KATHLEENNameSAMMS, HAROLDAddress100 N. MYRTLE AVE.Address100 N. MYRTLE AVE.

City-State-Zip: JACKSONVILLE FL 32204-1310 City-State-Zip: JACKSONVILLE FL 32204-1310

Title VICE PRESIDENT OF FIXED ROUTE Title VICE PRESIDENT OF FIXED ROUTE

Name COOKSEY, LENNY Name GREENE, KEVIN

Address 100 N. MYRTLE AVENUE Address 100 NORTH MYRTLE AVENUE

City-State-Zip: JACKSONVILLE FL 32204

City-State-Zip: JACKSONVILLE FL 32204

Title VICE PRESIDENT OF FIXED ROUTE Title VICE PRESIDENT OF FIXED ROUTE

Name ZENE, CARL Name POCERNIK, DAREN

Address 100 NORTH MYRTLE AVENUE Address 100 NORTH MYRTLE AVENUE

City-State-Zip: JACKSONVILLE FL 32204

City-State-Zip: JACKSONVILLE FL 32204