

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007266

FILED
Apr 17, 2007
Secretary of State

Entity Name: AIRPORT COMMERCE CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE
SUITE 500--ATTN: LEGAL DEPT.
JACKSONVILLE, FL 32202

New Mailing Address:

245 RIVERSIDE AVENUE, SUITE 500
ATTN: LEGAL DEPT. - SUSAN WHITLATCH
JACKSONVILLE, FL 32202

FEI Number: 13-4210871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 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: DP () Delete
Name: MOALLI, JACKIE
Address: 3800 ESPLANADE WAY SUITE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: DV () Delete
Name: DREW, CORBETT
Address: 3800 ESPLANADE WAY SUITE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: DV () Delete
Name: SLAPPEY, BRADFORD A
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: AS () Delete
Name: ELDER, SCOT M
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: AYSCUE, BRANDON L
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: ODOM, HEIDI
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: NETTLES, JOHN
Address: 3800 ESPLANADE WAY SUITE 100
City-St-Zip: TALLAHASSEE, FL 32311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JONES, PHILIP B
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRANDON L. AYSCUE

S

04/17/2007

Electronic Signature of Signing Officer or Director

Date