

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90452 015 \*\*\*\*61.25

DOCUMENT # N95000005002

1. Entity Name

Jacksonville International Airport Arts Commission

**DO NOT WRITE IN THIS SPACE**

B0125736

2. Principal Place of Business

2400 YANKEE CLIPPER DR

3. Mailing Address

PO Box 18018

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3350022

Applied For

Not Applicable

Zip

32218

Country

USA

Zip

32229

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PEGGY CORNELIUS

Street Address (P.O. Box Number is Not Acceptable)

71 19th St.

City

ATLANTIC BEACH FL

Zip Code

32233

**DO NOT WRITE  
IN THIS SPACE**

8. 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

Signature, type or printed name of registered agent and title if applicable.

PEGGY CORNELIUS

(NOTE: Registered Agent signature required when reinstating)

DATE

6-18-02

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CORNELIUS, PEGGY  
71 19th Street  
Atlantic Beach, FL 32233

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
WARD, JEANNE  
3523 Park St  
Jacksonville, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
OVERTON, CONNIE  
3751 OAK POINT AVE.  
JACKSONVILLE, FL 32210

TITLE  
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-02

Date

904-249-9706

Daytime Phone #

CR2E037B (12/01)