

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90003 013 \*\*\*\*61.25

<b>DOCUMENT # N95000005002</b> 1. Entity Name <b>JACKSONVILLE INTERNATIONAL AIRPORT ARTS COMMISSION, INC.</b>					
Principal Place of Business <b>2400 YAHKEE CLIPPER DR. JACKSONVILLE, FL 32218</b>			Mailing Address <b>P.O. BOX 18018 JACKSONVILLE, FL 32229</b>		
2. Principal Place of Business <b>14201 Pecan Park Rd.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL.</b>		City & State		4. FEI Number <b>59-3350022</b>	
Zip <b>32218</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORNELIUS, PEGGY 71 19TH STREET ATLANTIC BEACH, FL 32233</b>			7. Name and Address of New Registered Agent Name <b>Faith Jordan</b> Street Address (P.O. Box Number is Not Acceptable) <b>14201 Pecan Park Rd.</b> City <b>Jacksonville</b> FL Zip Code <b>32218</b>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <i>Faith Jordan</i> DATE <b>8-6-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CORNELIUS, PEGGY</b> <b>71 19TH STREET</b> <b>ATLANTIC BEACH, FL 32233</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>ward, Jeanne</b> <b>3523 Park Street</b> <b>Jacksonville, FL. 32205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUNKER, JOHN</b> <b>2834 GRAND AVENUE</b> <b>JACKSONVILLE, FL 32210</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Peggy Cornelius</b> <b>71 19th Street</b> <b>Atlantic Beach, FL. 32233</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>ALEXANDER, CAROL</b> <b>9550 BEAUCLERC COVE ROAD</b> <b>JACKSONVILLE, FL 32257</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>Robert White</b> <b>11 East Forsyth St.</b> <b>Jacksonville, FL. 32202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BOULOS, ZIM</b> <b>1922 LARGO ROAD</b> <b>JACKSONVILLE, FL 32207</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WARD, JEANNE</b> <b>3523 PARK ST</b> <b>JACKSONVILLE, FL 32205</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>OVERTON, CONNIE</b> <b>3751 OAK POINT AVE</b> <b>JACKSONVILLE, FL 32210</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jeanne Ward</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>8-30-04</b> Daytime Phone # <b>904-396-9963</b>		