



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # N95000005002			
1. Entity Name JACKSONVILLE INTERNATIONAL AIRPORT ARTS COMMISSION, INC.			
Principal Place of Business 14201 PECAN PARK RD. JACKSONVILLE, FL 32218	Mailing Address P.O. BOX 18018 JACKSONVILLE, FL 32229		
DO NOT WRITE IN THIS SPACE			
		01102005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-3350022	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, FAITH 14201 PECAN PARK RD. JACKSONVILLE, FL 32218		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Faith Jordan</i></u> DATE <u>1-10-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, JEANNE 3523 PARK STREET JACKSONVILLE, FL 32205	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELIUS, PEGGY 71 19TH STREET ATLANTIC BEACH, FL 32233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WHITE, ROBERT 11 EAST FORSYTH ST. JACKSONVILLE, FL 32202		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Jeane R. Ward</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-10-05 404-396-9963 <small>Date Daytime Phone #</small>	