


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

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90036 014 \*\*\*\*61.25

<b>DOCUMENT #</b> N95000005002	
<b>1. Entity Name</b> Jacksonville International Airport Arts Commission, Inc.	

**DO NOT WRITE IN THIS SPACE**

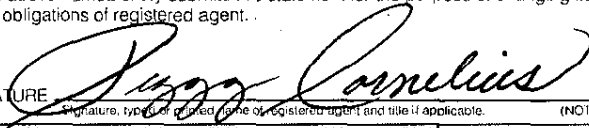
<b>2. Principal Place of Business</b> 2400 Yankee Clipper Drive		<b>3. Mailing Address</b> P.O. Box 18018	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b> Jacksonville, FL	
<b>Zip</b> 32218	<b>Country</b> USA	<b>Zip</b> 32229	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3350022		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> Peggy Cornelius			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 71 19th Street			
<b>City</b> Atlantic Beach		<b>FL</b>	<b>Zip Code</b> 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** 

7-14-03

(NOTE: Registered Agent Signature required when reinstating)

DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> Added to Fees	<b>Make Check Payable to</b> Florida Department of State
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> Cornelius, Peggy 71 19th Street Atlantic Beach, FL 32233	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Ward, Jeanne 3523 Park Street Jacksonville, Florida 32205	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> Overton, Connie 3751 Oak Point Avenue Jacksonville, Florida 32210	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Bunker, John 2834 Grand Avenue Jacksonville, Florida 32210	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Alexander, Carol 9550 Beauclerc Cove Road Jacksonville, Florida 32257	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Boulos, Zim 1922 Largo Road Jacksonville, Florida 32207	<b>TITLE</b> 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)(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-03

Date

Daytime Phone #

CR2E037B (12/02)

Attachment

80131787

# N95000005002

10. OFFICERS AND DIRECTORS (continued)

TITLE	D
NAME	Shepard, Robin
STREET	500 Bishop Gate Lane
CITY + STATE + ZIP	Jacksonville, Florida 32204
TITLE	D
NAME	White, Robert
STREET	1278 Talbot Avenue
CITY + STATE + ZIP	Jacksonville, Florida 32205