

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005563

FILED
Jul 07, 2009
Secretary of State

Entity Name: SAINT JOHNS TRANSPORTATION DEMAND MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

245 RIVERSIDE AVENUE
SUITE 400
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE
SUITE 400
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

METCALF, JOHN G
245 RIVERSIDE AVENUE
SUITE 400
JACKSONVILLE, FL 32202 US

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: PD () Delete
Name: DAVIDSON, JAMES E JR
Address: 100 EAST TOWN PLACE #200
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: SD () Delete
Name: METCALF, JOHN G
Address: 245 RIVERSIDE AVENUE, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D () Delete
Name: TEEPLE, BRIAN
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D () Delete
Name: GIL, EDUARDO E
Address: 100 EAST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: D () Delete
Name: SCHILLING, WILLIAM
Address: 8657 BAYPINE ROAD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D () Delete
Name: PARIANI, FREDERICK P
Address: 100 EAST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: EDUARDO E. GIL

D

07/07/2009

Electronic Signature of Signing Officer or Director

Date