2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005563

FILED Jan 10, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

245 RIVERSIDE AVENUE 225 WATER STREET

SUITE 400 SUITE 1750

JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

245 RIVERSIDE AVENUE 225 WATER STREET

SUITE 400 SUITE 1750

JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

METCALF, JOHN G
245 RIVERSIDE AVENUE
225 WATER STREET

SUITE 400 SUITE 1750

JACKSONVILLE, FL 32202 US 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: JOHN G. METCALF 01/10/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 DAVIDSON, JAMES E JR

 Address:
 100 EAST TOWN PLACE #200

 City-St-Zip:
 ST AUGUSTINE, FL 32092 US

Title: SD

Name: METCALF, JOHN G

Address: 245 RIVERSIDE AVENUE, SUITE 400 City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D

Name: TEEPLE, BRIAN

Address: 6850 BELFORT OAKS PLACE City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D

Name: GIL, EDUARDO E

Address: 100 EAST TOWN PLACE, SUITE 200 City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title:

Name: SCHILLING, WILLIAM

Address: 8657 BAYPINE ROAD, SUITE 300 City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D

Name: PARIANI, FREDERICK P

Address: 100 EAST TOWN PLACE, SUITE 200 City-St-Zip: ST. AUGUSTINE, FL 32092 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN G. METCALF D 01/10/2012