PLEASE PRINT *Name & Address are required
NAME: Dawn Gilman DATE: 8/12/20241
ADDRESS: 532 Riverside Ave PHONE: 904-20627
CITY: JAX COUNTY: DUVAL STATE: L ZIP: 32207
REPRESENTING: Changing Homelessness
SIGNATURE: DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Spealing for CDA

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required
NAME: BARRY SCHUSTER DATE: August 12, 2024
ADDRESS: 10541 OSPREY NEST DEVOL PHONE: (904) 982-216
CITY: JACKSONVOUCE COUNTY: PUVAL STATE: FL ZIP: 32257
REPRESENTING: EMPING KOAR DESERTS IN TACKGONUS LET
SIGNATURE: BARE & Chustek   I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: PLASING & FULL BERVICE  PROCERY STORE NOW PEOLIA TOUC CHINEL ON
GROCERY STORE NOON PEDIA TRUC CLINES ON
AT PRILIP RAY DOLPH BLUD.

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are re	quired	
NAME: Rynn Hoover	DATE:	8/12/24
ADDRESS: 1649 Atlantic	Blvd. P	HONE:
CITY: Jax	COUNTY: VV1 ST	ATE: FL ZIP: 32207
REPRESENTING: Vestour		
SIGNATURE SULL		☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUB	JECT: Cos Affordeble	Housing money
to JHFA		

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required	
NAME: Shereline Redder	DATE: 8/12/24
ADDRESS: On file	PHONE: 904-515-130
CITY:COUNTY:	STATE:ZIP:
REPRESENTING: JOX YOUND SIGNATURE:	☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT:	

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required	
	1 Robinson 8-12-24
ADDRESS: 1318 Van Burent S	
CITY: Jackson Ville con	UNTY: DUVAL STATE: F1 ZIP: 32206
REPRESENTING: East Coast Strip	orng and fainting
SIGNATURE:	I DO NOT WISH TO SPEAK
	(Iwould like to speak) disregard line in box
COMMENTS FROM THE PUBLIC SUBJECT: _	disregard line in box

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required	
NAME: Rose Pierre	DATE: 8/12/24
ADDRESS: 13/8 Van Buen	PHONE: 904-568-4035
CITY: Jacksonville county: Dural	STATE: F ZIP: 32206
REPRESENTING: Eastcoast Striping and Po	anting
SIGNATURE:	I DO NOT WISH TO SPEAK
COMMENTS EDOM THE DUDI IC SUBJECT.	
COMMENTS FROM THE PUBLIC SUBJECT:	

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.