

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: BLAKE HARPER DATE: 10.25.2022

ADDRESS: 3909 SUNBEAM RD PHONE: -

CITY: JAY COUNTY: OWAJA STATE: FL ZIP: -25

REPRESENTING: _____

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: PROTODA 2022 OCT 25 PM 5:56

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

GOVERNOR RON DE SANTIS - FREEDOM REEF IN STATE WATERS
PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: JOHN J. NOONEY DATE: 10/25/2022

ADDRESS: 8356 BAYON RD. PHONE: 904-434-0839

CITY: JACKSONVILLE COUNTY: DUNAL STATE: FL. ZIP: 32216

REPRESENTING: FISHERMEN / SNL, / DIDDY DIDDY / WWTBGO 2014-412 / FQO, EPB

SIGNATURE: John J. Nooney FWEL / STER / MSRI / RFAI I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2009-442 - CHECK # 1231 # 1.00
TO THE ARTIFICIAL REEF TRUST FUND. SUPPORT 2009-442
CREATED BY ORDINANCE.

2022 OCT 25 PM 5:32

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

P.S. RORY DIAMOND - ASK ED DEAN IF HE SUPPORTS FREEDOM REEF IN STATE WATERS? HOWLAND, DEFOOR, CUMBER, TYRONA CLARK-MURRAY

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Eunice Barnum DATE: 10/25/22

ADDRESS: 9121 Spottswood Rd PHONE: _____

CITY: Oak COUNTY: Deval STATE: HI ZIP: 32208

REPRESENTING: _____

SIGNATURE: Eunice Barnum I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Public Comment

OCT 25 '22 PM 5:32

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Ben Frazer DATE: 10/25/22

ADDRESS: 1354 N. Lanna Ave PHONE: _____

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32208

REPRESENTING: Northside Coalition of Jax

SIGNATURE: _____ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting

2022 OCT 25 PM 5:25

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Michelle Lomare DATE: 10/25/22

ADDRESS: 150 Busch Drive #26965 PHONE: (904) 699-4563

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: _____

SIGNATURE: Michelle Lomare I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Community Involvement OCT 25 '22 PM 5:21

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Essey Howard DATE: 10/25/22

ADDRESS: 1130 Bluehill Dr. North PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: NCOJ

SIGNATURE: Essey M. Howard I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: DON'T KNOW YET

2022 OCT 25 PM 5:17

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Parlow, Kerlogos DATE: 10/25

ADDRESS: 1508 MYRTLE AVE PHONE: 502-4896

CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32209

REPRESENTING: SELF

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: HOUSE SHAKING/REDISTRICT.

2022 OCT 25 PM 5:17

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Ayesha Franklin DATE: 10/25/22

ADDRESS: 1230 W 3rd St PHONE: 904-835-8500

CITY: Duval COUNTY: Jay STATE: FL ZIP: 32209

REPRESENTING: _____

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: redistribution

OCT 25 '22 PM 5:11

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Mauricio Belgrano DATE: 10-25-22

ADDRESS: 629 Renne Dr N PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: The preborn in our city

SIGNATURE:  _____ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

Make Jacksonville a sanctuary city 2022 OCT 25 PM 5:09

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Darlene LedSinger DATE: 10-25-22

ADDRESS: Po Box 187 PHONE: _____

CITY: Yulee COUNTY: Nassau STATE: OK ZIP: ~~744~~34021

REPRESENTING: Northside Coalition

SIGNATURE: Darlene LedSinger I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Redistricting 2022 OCT 25 PM 5:06

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: TAMMY JACKSON DATE: _____

ADDRESS: 22 West 43rd st PHONE: _____

CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32208

REPRESENTING: _____

SIGNATURE: Tammy Jackson I DO NOT WISH TO SPEAK

OCT 25 '22 PM 5:06

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 READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: ALLAN ROY PRATT DATE: 10/25/2022

ADDRESS: 408 BAIRDEN RD, PHONE: 9046161092

CITY: JAX COUNTY: DUVAL STATE: _____ ZIP: 32218

REPRESENTING: SELF

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: JESUS

OCT 25 '22 PM 5:05

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Jeannetta Pratt DATE: Oct. 25, 2020

ADDRESS: 402 Bausden Rd. PHONE: _____

CITY: Jax. COUNTY: Duval STATE: Fla ZIP: 32222

REPRESENTING: ABOLISH Florida

SIGNATURE: Jeannetta Pratt I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Sanctuary City for
Pre-Born 2022 OCT 25 PM 5:02

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Nicole Crosby DATE: Oct. 25, '22

ADDRESS: 1169 Neck Rd, PHONE: 917-626-5

CITY: PVR COUNTY: St. John STATE: FC ZIP: 32082

REPRESENTING: SWCD

SIGNATURE: Nicole Crosby I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: balloon ordinance

2022 OCT 25 PM 5:02

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Duchee Stevens DATE: 10-25-2022

ADDRESS: 6908 Richardson Rd PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32209

REPRESENTING: _____

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

OCT 25 '22 PM 5:02

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Marcelle Washington DATE: 10-25-2022

ADDRESS: 11361 Skimmer Ct PHONE: (904) 463-1943

CITY: Jal COUNTY: Duval STATE: FL ZIP: 32225

REPRESENTING: ALLU - Myself

SIGNATURE: Marcelle Wash I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

OCT 25 '22 PM 4:57

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Hunter Miller DATE: 10/25/22

ADDRESS: 1106 S. Highland Park Dr. PHONE: 863-528-6011

CITY: Lake Wales COUNTY: Polk STATE: FL ZIP: 33898

REPRESENTING: Oceana

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: intentional balloon Release

OCT 25 '22 PM 4:56

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

OCT 25 '22 PM 4:56

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: LaShonda L.J. Holloway DATE: 10-25-22

ADDRESS: 11453 Jerry Adam Dr PHONE: 904-300-5677

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: Concerned Citizens

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Re Districting

2022 OCT 25 PM 4:55

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Mike Ludwick DATE: 10/25/22

ADDRESS: 13490 Gran Bay Pkwy Apt 212 PHONE: 904-674-6906

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32258

REPRESENTING: Northside Coalition of Jacksonville

SIGNATURE:  I DO NOT WISH TO SPEAK

OCT 25 '22 PM 4:49

COMMENTS FROM THE PUBLIC SUBJECT: DO not fund the effort
to fight Council's ~~old~~ old redistricting plan

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Carnell Oliver DATE: 10-25-22

ADDRESS: 611 E Adams St PHONE: _____

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32202

REPRESENTING: _____

SIGNATURE: C. Oliver I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

OCT 25 '22 PM 4:38

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

JACKSON DR

NAME: Jerry Myan DATE: 10/23/22

ADDRESS: 7045 Bankwood Dr PHONE: 414-396-2743

CITY: ILWACO COUNTY: CLATSOP STATE: OR ZIP: 97132

REPRESENTING: Self

SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Gerry Myan 2022 OCT 25 PM 4:28

7045 Bankwood Dr ILWACO


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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Francina Early DATE: 10-25-22
ADDRESS: 4832 n Main St PHONE: 904 476-0262
CITY: Jacksonville COUNTY: Duval STATE: Fla ZIP: 32206
REPRESENTING: GOD'S ~~of~~ Unspoken Angels Inc
SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Requesting to Donate
property to GOD'S Unspoken Angels Inc.

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

2022 OCT 25 PM 4:26

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: ROBIN LUMB DATE: 10/25/2022

ADDRESS: 2164 GILMORE ST PHONE: 904-616-8811

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32204

REPRESENTING: ME

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: REDISTRICTING 2022 OCT 25 PM 4:23

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

(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)