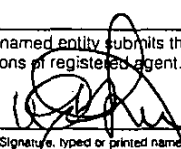
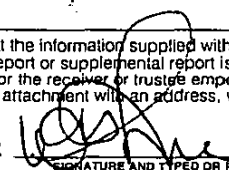


FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90117 025 ****70.00

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 720716 1. Entity Name FLORIDA AIRPORT MANAGER'S ASSOCIATION, INC.					
Principal Place of Business 2100 DELTA WAY SUITE 2 TALLAHASSEE, FL 32303			Mailing Address 2100 DELTA WAY SUITE 2 TALLAHASSEE, FL 32303		
2. Principal Place of Business 250 John Knox Rd Suite, Apt. #, etc. Suite 2 City & State Tallahassee, FL Zip 32303 Country USA			3. Mailing Address 250 John Knox Rd Suite, Apt. #, etc. Suite 2 City & State Tallahassee, FL Zip 32303 Country USA		
03082005 Chg-NP CR2E037 (10/03)			4. FEI Number 59-2464844		
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent JOHNSON, WILLIAM R 1801 N. MERIDIAN RD., SUITE C TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name William R. Johnson Street Address (P.O. Box Number Is Not Acceptable) 250 John Knox Road Suite 2 City Tallahassee FL Zip Code 32303		
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  William R. Johnson, Executive Director 3/8/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM 1801 N. MERIDIAN RD., SUITE C TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William R. Johnson 250 John Knox Road, Suite 2 Tallahassee, FL 32303	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOLEY, EDWARD 5503 W. SPRUCE ST. 63607-1475 TAMPA, FL 336071475	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Edward Cooley 5503 W. Spruce Street Tampa, FL 33607	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MODYS, PETER 16000 CHAMBERLIN PKWY, STE 8671 FORT MYERS, FL 33913	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD QUILL, GRY 28000 AIRPORT RD., A-1 PUNTA GORDA, FL 33982	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jerry L. Allen 846 Palm Beach International Airport West Palm Beach, FL 33406	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Ericson Menger 3400 Cherokee Drive Vero Beach, FL 32961	☐ Change ☒ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  William R. Johnson 3/8/05 (850)224-2964 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50026375

