2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720716

FILED Mar 23, 2009 Secretary of State

Entity Name: FLORIDA AIRPORT MANAGER'S ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business: 250 JOHN KNOX RD STE 2 TALLAHASSEE, FL 32303 **New Mailing Address: Current Mailing Address:** 250 JOHN KNOX RD STE 2 TALLAHASSEE, FL 32303 FEI Number: 59-2464844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, WILLIAM R 250 JOHN KNOX RD STE 2 TALLAHASSEE, FL 32303 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOHNSON, WILLIAM R Name: Name: Address: 250 JOHN KNOX RD STE 2 Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: LAGOS, NOAH Name: BENNETT, CLARA E Address: 14700 TERMINAL BLVD., SUITE 221 Address: 6000 NW 21ST AVENUE City-St-Zip: CLEARWATER, FL 33762 City-St-Zip: FORT LAUDERDALE, FL 33309 Title: V/P () Delete Title: V/P (X) Change () Addition BENNETT, CLARA E MILLER, LOUIS E Name: Name: 6000 NW 21ST AVENUE Address: Address: P.O. BOX 22287 City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: TAMPA, FL 33622 Title: S/T () Delete Title: S/T (X) Change () Addition Name: MILLER, LOUIS Name: WATTS, FRED 5503 W. SPRUCE STREET 150 EAST AIRPORT AVENUE Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: VENICE, FL 34285

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: WILLIAM R. JOHNSON D 03/23/2009