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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36065 (3)

1. Corporation Name

FLORIDA AIRPORT MANAGERS ASSOCIATION EDUCATIONAL FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
108 EAST JEFFERSON SUITE A TALLAHASSEE FL 32301-1702	108 EAST JEFFERSON SUITE A TALLAHASSEE FL 32301-1702

3. Date Incorporated or Qualified: 01/11/1990
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-3008375 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COULTER, WILLIAM P. 108 EAST JEFFERSON TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PELLY, BRUCE	1.2 NAME	PELLY, BRUCE	
STREET ADDRESS	BLDG. 846-PALM BEACH INT'L AIRPORT	1.3 STREET ADDRESS	BLDG. 846-PALM BEACH INT'L. AIRPORT	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	V	2.1 TITLE	EVD (correction)	☐ Change ☐ Addition
NAME	COULTER, WILLIAM P	2.2 NAME	COULTER, WILLIAM P.	
STREET ADDRESS	108 E. JEFFERSON ST.,STE.A	2.3 STREET ADDRESS	108 E. JEFFERSON ST., STE.A	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	PD	3.1 TITLE	PPD	☒ Change ☐ Addition
NAME	JOHNSON, JAMES E	3.2 NAME	JOHNSON, JAMES E.	
STREET ADDRESS	5401 W. SPRUCE STREET	3.3 STREET ADDRESS	5401 W. SPRUCE STREET	
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	STD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	SHEA, TIM	4.2 NAME	SHEA, TIM	
STREET ADDRESS	301 N. DYER BLVD.,SUITE 101	4.3 STREET ADDRESS	301 N. Dyer Blvd., Suite 101	
CITY-ST-ZIP	KISSIMMEE FL 34741-4613	4.4 CITY-ST-ZIP	KISSIMMEE, FL 34741-4613	
TITLE		5.1 TITLE	STD	☐ Change ☒ Addition
NAME		5.2 NAME	FRANK R. MILLER	
STREET ADDRESS		5.3 STREET ADDRESS	PENSACOLA REGIONAL AIRPORT	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

JH 3/8

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: William P. Coulter 2/6/95 (904) 224-2964
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #

0001015