

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36065 (3)

1. Corporation Name

FLORIDA AIRPORT MANAGERS ASSOCIATION EDUCATIONAL
FOUNDATION, INC.

Principal Place of Business

Mailing Address

108 EAST JEFFERSON
SUITE A
TALLAHASSEE FL 32301-1702

108 EAST JEFFERSON
SUITE A
TALLAHASSEE FL 32301-1702



| | | | | | | | |
|--------------------------------|--|---------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 01/11/1990 | | 03/06/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 59-3008375 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees | |
| Zip | | Zip | | Country | | Country | |
| 24 | | 29 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| | | | | | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

9. Name and Address of Current Registered Agent

COULTER, WILLIAM P.
108 EAST JEFFERSON
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

| | |
|----|--|
| 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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the date applicable

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD PELLY, BRUCE BLDG. 846-PALM BEACH INT'L AIRPORT WEST PALM BEACH FL 33406 | 1.1 TITLE | PD Shea, Tim 301 N Dyer Blvd, Ste 101 Kissimmee, FL 34741-4613 |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | EVD COULTER, WILLIAM P 108 E. JEFFERSON ST., STE A TALLAHASSEE FL 32301 | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | PPD JOHNSON, JAMES E 5401 W. SPRUCE STREET TAMPA FL 33607 | 3.1 TITLE | PPD Pelly, Bruce Bldg 846 - Palm Beach Int'l Airport West Palm Beach, FL 33406 |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | VD SHEA, TIM 301 N. DYER BLVD, SUITE 101 KISSIMMEE FL 34741-4613 | 4.1 TITLE | VD Miller, Frank 2430 Airport Blvd, Ste 225 Pensacola, FL 32504 |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | STD MILLER, FRANK R. PENSACOLA REGIONAL AIRPORT PENSACOLA FL 32504 | 5.1 TITLE | STD Bowling, Faye 150 North Alachua Street Lake City, FL 32055 |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2/16/96

(904) 224-324

CR2E037 (12/95)