

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 108 EAST JEFFERSON SUITE A TALLAHASSEE FL 32301-1702	Mailing Address 108 EAST JEFFERSON SUITE A TALLAHASSEE FL 32301-1540
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/11/1990		3a. Date of Last Report 02/21/1996	
				4. FEI Number 59-3008375		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEA, TIM			1.2 NAME	MILLER, FRANK R.		
STREET ADDRESS	301 NO DYER BLVD., SUITE 101			1.3 STREET ADDRESS	2430 Airport Blvd. - Suite 225		
CITY - ST - ZIP	KISSIMEE FL			1.4 CITY - ST - ZIP	Pensacola, FL 32504		
TITLE	EVD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COULTER, WILLIAM P			2.2 NAME			
STREET ADDRESS	108 E. JEFFERSON ST., STE A			2.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32301			2.4 CITY - ST - ZIP			
TITLE	PPD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELLEY, BRUCE			3.2 NAME	SHEA, TIM		
STREET ADDRESS	BLDG 846 PALM BEACH INT'L AIRPORT			3.3 STREET ADDRESS	301 N. DYER BLVD. - SUITE 101		
CITY - ST - ZIP	WEST PALM BEACH FL			3.4 CITY - ST - ZIP	KISSIMEE, FL 34741-4613		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, FRANK			4.2 NAME	BOWLING, FAYE H.		
STREET ADDRESS	2430 AIRPORT BLVD, SUITE 225			4.3 STREET ADDRESS	150 North Alachua Street		
CITY - ST - ZIP	PENSACOLA FL			4.4 CITY - ST - ZIP	Lake City, FL 32055		
TITLE	STD	<input type="checkbox"/> DELETE		5.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWLING, FAYE			5.2 NAME	PICCOLO, FREDRICK J.		
STREET ADDRESS	150 NORTH ALACHUA STREET			5.3 STREET ADDRESS	6000 AIRPORT CIRCLE		
CITY - ST - ZIP	LAKE CITY FL			5.4 CITY - ST - ZIP	SARASOTA, FL 34243		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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, changed or not, in attachment with an address.

SIGNATURE:  **WILLIAM P. COULTER** 3/22/97 204-224
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 000/240

CR2E037 (9/96)