

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 15, 1999 8:00 am  
Secretary of State

05-15-1999 90022 005 \*\*\*\*70.00

DOCUMENT # N36065

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 32301-1702



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/11/1990

4. FEI Number

59-3008375

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE STD  
NAME LEWIS, RICHARD K.  
STREET ADDRESS 1770 SW 60TH AVENUE  
CITY-ST-ZIP Ocala FL

TITLE EVD  
NAME COULTER, WILLIAM P  
STREET ADDRESS 108 E. JEFFERSON ST., STE A  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE PPD  
NAME MILLER, FRANK  
STREET ADDRESS 2430 AIRPORT BLVD, SUITE 225  
CITY-ST-ZIP PENSACOLA FL

TITLE PD  
NAME BOWLING, FAYE  
STREET ADDRESS 150 NORTH ALACHUA STREET  
CITY-ST-ZIP LAKE CITY FL

TITLE VD  
NAME PICCOLO, FREDERICK J  
STREET ADDRESS 6000 AIRPORT CIR  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 2800 N.W. 20 Trail  
1.4 CITY-ST-ZIP Okeechobee FL 34972

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☒ Addition

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP ☐ Change ☒ Addition

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP ☐ Change ☒ Addition

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP ☐ Change ☒ Addition

10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY-ST-ZIP ☐ Change ☒ Addition

11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-ST-ZIP ☐ Change ☒ Addition

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP ☐ Change ☒ Addition

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP ☐ Change ☒ Addition

14.1 TITLE  
14.2 NAME  
14.3 STREET ADDRESS  
14.4 CITY-ST-ZIP ☐ Change ☒ Addition

15.1 TITLE  
15.2 NAME  
15.3 STREET ADDRESS  
15.4 CITY-ST-ZIP ☐ Change ☒ Addition

16.1 TITLE  
16.2 NAME  
16.3 STREET ADDRESS  
16.4 CITY-ST-ZIP ☐ Change ☒ Addition

17.1 TITLE  
17.2 NAME  
17.3 STREET ADDRESS  
17.4 CITY-ST-ZIP ☐ Change ☒ Addition

18.1 TITLE  
18.2 NAME  
18.3 STREET ADDRESS  
18.4 CITY-ST-ZIP ☐ Change ☒ Addition

19.1 TITLE  
19.2 NAME  
19.3 STREET ADDRESS  
19.4 CITY-ST-ZIP ☐ Change ☒ Addition

20.1 TITLE  
20.2 NAME  
20.3 STREET ADDRESS  
20.4 CITY-ST-ZIP ☐ Change ☒ Addition

21.1 TITLE  
21.2 NAME  
21.3 STREET ADDRESS  
21.4 CITY-ST-ZIP ☐ Change ☒ Addition

22.1 TITLE  
22.2 NAME  
22.3 STREET ADDRESS  
22.4 CITY-ST-ZIP ☐ Change ☒ Addition

23.1 TITLE  
23.2 NAME  
23.3 STREET ADDRESS  
23.4 CITY-ST-ZIP ☐ Change ☒ Addition

24.1 TITLE  
24.2 NAME  
24.3 STREET ADDRESS  
24.4 CITY-ST-ZIP ☐ Change ☒ Addition

14. 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 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 for the period 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/17/99 (150) 224-224