## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2005 8:00 am Secretary of State

DOCUMENT # N36065  1. Entity Name FLORIDA AIRPORTS COUNCIL EDUCATION FOUNDATION, INC.						03-14-2005	90117 02	24 ****70	.00
2100 DELTA WAY SUITE 2 2100 [		Mailing Address 2100 DELTA WAY SUITE TALLAHASSEE, FL 3230	100 DELTA WAY SUITE 2				ţ	50026	376
3 Principal Pi	age of Dynings	2 Mailing Address							
2. Principal Place of Business 3. Mailing Address 4. Suite, Apt. #, etc.			nox Road			iter aten arim anian a	BHI BIBIT BEBIT BIBIT BIBIT BIBIT BIBITHET BJ (BBI		
Suite, Apt. #, etc. Suite 2		suite 2			03082005	Chg-NP	CR2E0:	37 (10/03)	
Tallahassee, FL		Tauahassee, FL		4. FEI Number 59-3008			<u> </u>	plied For t Applicable	
- <u>3</u> 230		<sup>Zip</sup> 32303	u.s.	Ą,	5. Certificate o	f Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current F	legistered Agent	Nam			Address of New I		Agent	
JOHNSON, WILLIAM R 1801 N MERIDIAN ROAD				Street Address (P.O. Box Number is Not Acceptable) 250 John Knox 12004					
SUITE C					_	mox R	<u> </u>		
TALLAHASSEE, FL 32303			City	uite			FL	Zip Code	9
8. The above named entity submittering statement for the purpose of changing its registered office or regis					ahasse			<u> </u>	303_
SIGNATURE SIGNATURE SIgnature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typed or printed name, or registered agent a	nd title if applicable. (NOTE:	Registered Agent s	ignatura required	d when reinstating)		DATE		- 1 222 - 22
	Filing Fee is \$67.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financir ontribution.	ng 🗆	\$5.00 May Be Added to Fees	Flo	Make chec vida Depar	k payable to	ate
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• Thereby dering 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 report or supplemental pepoly 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 of trustee enjoyeered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaction of the receiver of true.

**SIGNATURE:** 

William R. Johnson
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05

1906-1708(058)

Daytime Phone #