

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-14-2005 90117 024 ****70.00

DOCUMENT # N36065

1. Entity Name
**FLORIDA AIRPORTS COUNCIL EDUCATION
FOUNDATION, INC.**



Principal Place of Business
**2100 DELTA WAY SUITE 2
TALLAHASSEE, FL 32303**

Mailing Address
**2100 DELTA WAY SUITE 2
TALLAHASSEE, FL 32303**

50026376



2. Principal Place of Business
**250 John Knox Road
Suite, Apt. #, etc.
Suite 2**

3. Mailing Address
**250 John Knox Road
Suite, Apt. #, etc.
Suite 2**

03082005 Chg-NP CR2E037 (10/03)

City & State
Tallahassee, FL
Zip
32303

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Tallahassee, FL
Zip
32303

4. FEI Number
59-3008375
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**JOHNSON, WILLIAM R
1801 N MERIDIAN ROAD
SUITE C
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent
Name
William R. Johnson
Street Address (P.O. Box Number is Not Acceptable)
250 John Knox Road
Suite 2
City
Tallahassee FL Zip Code
32303

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William R. Johnson, Executive Director 3/8/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$67.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MODYS, PETER 16000 CHAMBERLIN PKWY STE 8671 FORT MYERS, FL 339138899 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOLEY, ED 5503 W SPRUCE STREET TAMPA, FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUILL, GARY 28000 AIRPORT ROAD A-1 PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM 1801 N MERIDIAN ROAD SUITE C TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P Ed cooley 5503 W. Spruce Street Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D William Johnson 250 John Knox Rd, Suite 2 Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
V Jerry L. Allen 846 Palm Beach International Airport West Palm Beach, FL 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
S/T Ericson Menger 3400 Cherokee Drive Vero Beach, FL 32961 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **William R. Johnson 3/8/05 (850)224-2964**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #