

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36065

FILED
Apr 18, 2008
Secretary of State

Entity Name: FLORIDA AIRPORTS COUNCIL EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

250 JOHN KNOX ROAD
SUITE 2
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

250 JOHN KNOX ROAD
SUITE 2
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3008375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, WILLIAM R
250 JOHN KNOX ROAD
SUITE 2
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLEN, JERRY L
Address: 846 PALM BEACH INTERNATIONAL AIRPORT
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: JOHNSON, WILLIAM
Address: 250 JOHN KNOX RD SUITE 2
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP () Delete
Name: LAGOS, NOAH
Address: 14700 TERMINAL BLVD., SUITE 221
City-St-Zip: CLEARWATER, FL 33762

Title: S/T () Delete
Name: BENNETT, CLARA E
Address: 6000 NW 21ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MENDER, ERICSON
Address: 3400 CHEROKEE DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. JOHNSON

D

04/18/2008

Electronic Signature of Signing Officer or Director

Date