2006 NOT-FOR-PROFIT CORPORATION

SONATURE AND THEO OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

SIGNATURE: _

AMENDED ANNUAL REPORT FILED DOCUMENT # N97000003373 SECRETARY OF STATE DIVISIONS 1. Entity Name SUWANNEE WOODLANDS EASTWEST AIRPORT ASSOCIATION, INC. 06 MAR 20 AM 9: 34 Principal Place of Business Mailing Address 22289 117 DR PO BOX 315 O BRIEN, FL 32071 O BRIEN, FL 32071 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-3498845 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEARER, JULIA E 22289 117 DR Street Address (P.O. Box Number is Not Acceptable) O BRIEN, FL 32071 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Agent signature required when minstating) DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Detete TITLE Change ☐ Addition D JOHNSON, ROY M NAME NAME 000069625000 22001 109 DR STREET ADDRESS STREET ADDRESS 04/06/06--01012--026 **61.25 CITY-ST-ZIP O BRIEN, FL 32071 CITY-ST-7IP D TITLE **⊠** Delete MLE ☐ Change Addition ARBIE, MELVIN J JR Belknap, John R. 203**2**3 Monteverdi Circle Boca Raton, FL 33498 NAME NAME STREET ADDRESS 309 SW DYLAN WAY STREET ADDRESS CITY-ST-ZIP LAKE CITY, FL 32025 CITY-ST-ZIP TITLE Detete TITLE K Change ☐ Addition NAME **BOE, LEROY** NAME STREET ADDRESS 22041 109 DR STREET ADDRESS CITY-ST-ZIP O BRIEN, FL 32071 CITY-ST-7IP V/D TITLE ☐ Delete MLE **K**KChange ☐ Addition NAME MEYER, KRISTINE NAME STREET ADDRESS P.O. BOX 349 STREET ADDRESS CITY-ST-ZIP O BRIEN, FL 32071 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition SHEARER, JULIA (PAT) E NAME NAME STREET ADDRESS 22289 117 DR STREET ADDRESS OBRIEN, FL 32071 CITY-ST-7IP CITY-ST-ZIP tme ☐ Defete TITLE ☐ Change ■ Addition WELCH, STEVEN NAME MALIE STREET ADDRESS 22061 117 DR STREET ADDRESS O BRIEN, FL 32071 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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.

3-11-06

336) 935-6978

Suwannee Woodlands East/West Airport Association, Inc. Document #N97000003373

Additional Director:

Name Street Address City/State/ZIP

Lee Woodriff, Ph.D. 22247 109th Drive O'Brien, FL 32071