

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002637

**FILED  
Apr 24, 2015  
Secretary of State  
CC5623835364**

**Entity Name:** SAAPA EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

NORTHEAST FLORIDA REGIONAL AIRPORT  
4796 US1 NORTH  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

NORTHEAST FLORIDA REGIONAL AIRPORT  
4796 US1 NORTH  
ST. AUGUSTINE, FL 32095 US

**FEI Number: 46-2353089**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REILLY, JACK  
NORTHEAST FLORIDA REGIONAL AIRPORT  
4796 US1 NORTH  
ST. AUGUSTINE, FL 32095 US

*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

**Officer/Director Detail :**

Title	P	Title	D
Name	LUDLOW, REBA M	Name	REILLY, JACK
Address	NE FL REGIONAL AIRPORT, 4796 US1 N	Address	NE FL REGIONAL AIRPORT, 4796 US1 N
City-State-Zip:	ST. AUGUSTINE FL 32095	City-State-Zip:	ST. AUGUSTINE FL 32095
Title	D		
Name	RAUHOFER, WARREN		
Address	NE FL REGIONAL AIRPORT, 4796 US 1 N		
City-State-Zip:	ST. AUGUSTINE FL 32095		

*I hereby 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 all other like empowered.*

**SIGNATURE: JACK REILLY**

**DIRECTOR**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date