

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90039 045 ****70.00

DOCUMENT # N29282

1. Entity Name
AIRPORT MINORITY ADVISORY COUNCIL CORP.



Principal Place of Business
2800 SHIRLINGTON ROAD
SUITE 940
ALEXANDRIA, VA 22206 US

Mailing Address
2800 SHIRLINGTON ROAD
SUITE 940
ALEXANDRIA, VA 22206 US



2. Principal Place of Business
Reagan Washington National Airport
 Suite, Apt. #, etc.
Hanger 3 Suite 217
 City & State
Washington, DC

3. Mailing Address
Reagan Washington National Airport
 Suite, Apt. #, etc.
Airport
 City & State
Washington, DC

03172006 Chg-NP CR2E037 (11/05)

4. FEI Number
62-1398266

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip *20001* Country *US* Zip *20001* Country *US*

6. Name and Address of Current Registered Agent

EMPIRE CORPORATE KIT COMPANY
348 WEST FLAGLER STREET
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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	1VCD WILSON, JAMES C <input type="checkbox"/> Delete 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA, VA 22206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINDSAY, BRENDA <input type="checkbox"/> Delete 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA, VA 22206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SWIFT, WILLIAM <input type="checkbox"/> Delete 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA, VA 22206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARD, PAULA <input type="checkbox"/> Delete 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA, VA 22206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VCD FARRAR-LUTEN, NEDRA <input type="checkbox"/> Delete 2800 SHIRLINGTON ROAD, SUITE 940 ALEXANDRIA, VA 22206
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Reagan Washington National Airport</i> <i>Washington, DC 20001</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Reagan Washington National Airport</i> <i>Washington, DC 20001</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Reagan Washington National Airport</i> <i>Washington, DC 20001</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Business Manager</i> <i>Donna Squires</i> <i>Reagan Washington National Airport</i> <i>Washington, DC 20001</i>

12. I hereby certify that the information supplied with this filing 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 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: Donna L. Squires **DONNA L. SQUIRES** 5/10/06 703 4172622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #