

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N29282 (3)**

1. Corporation Name

**AIRPORT MINORITY ADVISORY COUNCIL CORP.**



Principal Place of Business

Mailing Address

**4733 BETHESDA AVE  
SUITE 200A  
BETHESDA MD 20814**

**4733 BETHESDA AVE  
SUITE 200A  
BETHESDA MD 20814**

3. Date Incorporated or Qualified  
**11/15/1988**

3a. Date of Last Report  
**03/08/1995**

2. Principal Place of Business

2a. Mailing Address

**21 1800 Diagonal Road**

**26 1800 Diagonal Road**

4. FEI Number

**62-1398266**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 210**

**27 Suite 210**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

City & State

**23 Alexandria, VA**

**28 Alexandria, VA**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

**24 22314**

**25 USA**

**29 22314**

**30 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is No Acceptance)

**200001786802**

83

**\*\*\*70.00**

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
NAME **JOUBERT, VINENT**  
STREET ADDRESS **120 W 223 STREET, UNIT 5**  
CITY-ST-ZIP **CARSON CA**

TITLE **VCD** ☐ DELETE  
NAME **WEST, NANCY**  
STREET ADDRESS **44 CANAL CENTER PLAZA, RM 202**  
CITY-ST-ZIP **ALEXANDRIA VA**

TITLE **VCD** ☐ DELETE  
NAME **MOORE-STUMP, ELIZABETH**  
STREET ADDRESS **3165 PACIFIC HIGHWAY**  
CITY-ST-ZIP **SAN DIEGO CA**

TITLE **TD** ☐ DELETE  
NAME **DRAKE, YOVETTE**  
STREET ADDRESS **1021 WEST ADAMS STREET, STE. 102**  
CITY-ST-ZIP **CHICAGO IL**

TITLE **SD** ☐ DELETE  
NAME **HIRAI, SHIRLEY**  
STREET ADDRESS **3165 PACIFIC HIGHWAY**  
CITY-ST-ZIP **SAN DIEGO CA**

TITLE **D** ☐ DELETE  
NAME **JONES, AUDREY**  
STREET ADDRESS **100 N. EUCLID, SUITE 808**  
CITY-ST-ZIP **ST. LOUIS MO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chair-D** ☒ Change ☐ Addition  
1.2 NAME **Nancy K. West**  
1.3 STREET ADDRESS **44 Canal Center Plaza, Suite 202**  
1.4 CITY-ST-ZIP **Alexandria, VA 22314**

2.1 TITLE **First Vice Chair - D** ☒ Change ☐ Addition  
2.2 NAME **Elizabeth Moore-Stump**  
2.3 STREET ADDRESS **3165 Pacific Highway**  
2.4 CITY-ST-ZIP **San Diego, CA 92101**

3.1 TITLE **Second Vice Chair - D** ☒ Change ☐ Addition  
3.2 NAME **Elisabeth Sheldon**  
3.3 STREET ADDRESS **P.O. Box 3565 (N/A)**  
3.4 CITY-ST-ZIP **Montgomery, AL 36109**

4.1 TITLE **Treasurer - D** ☒ Change ☐ Addition  
4.2 NAME **VACANT**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **Secretary - D** ☒ Change ☐ Addition  
5.2 NAME **Pattie M. Tom**  
5.3 STREET ADDRESS **44 Canal Center Plaza - Suite 330**  
5.4 CITY-ST-ZIP **Alexandria, VA 22314**

6.1 TITLE **Director** ☒ Change ☐ Addition  
6.2 NAME **Michael Sullivan**  
6.3 STREET ADDRESS **55 Trinity Avenue, S.W., Suite 1700**  
6.4 CITY-ST-ZIP **Atlanta, GA 30335**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-96 (703) 417-8740**

Date

Daytime Phone #

CR2E037 (12/95)