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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29282 (3)

1. Corporation Name

AIRPORT MINORITY ADVISORY COUNCIL CORP.

Principal Place of Business

Mailing Address

1800 DIAGONAL ROAD
SUITE 210
ALEXANDRIA VA 22314
US1800 DIAGONAL ROAD
SUITE 210
ALEXANDRIA VA 22314-3840
US

3. Date Incorporated or Qualified

11/15/1988

3a. Date of Last Report

04/28/1996

4. FEI Number

62-1398266

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EMPIRE CORPORATE KIT COMPANY
348 WEST FLAGLER STREET
MIAMI FL 33130

81 Name

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

83

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETENAME WEST, NANCY K
STREET ADDRESS 44 CANAL CENTER PLAZA, SUITE 202
CITY-ST-ZIP ALEXANDRIA VA 22314TITLE 1VCD ☒ DELETENAME MOORE-STUMP, ELIZABETH
STREET ADDRESS 3165 PACIFIC HIGHWAY
CITY-ST-ZIP SAN DIEGO CA 92101TITLE 2VCD ☐ DELETENAME SHELTON, ELIZABETH
STREET ADDRESS P.O. BOX 3565 (N/A)
CITY-ST-ZIP MONTGOMERY AL 36109TITLE SD ☒ DELETENAME TOM, PATTIE M
STREET ADDRESS 44 CANAL CENTER PLAZA - SUITE 330
CITY-ST-ZIP ALEXANDRIA VA 22314TITLE D ☒ DELETENAME SULLIVAN, MICHAEL
STREET ADDRESS 55 TRINITY AVE., S.W. - SUITE 1700
CITY-ST-ZIP ATLANTA GA 30335TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE SD ☐ Change ☒ Addition1.2 NAME Anita Bellant
1.3 STREET ADDRESS 6040 28th Avenue, South
1.4 CITY-ST-ZIP Minneapolis, MN 554502.1 TITLE TD ☐ Change ☒ Addition2.2 NAME Jerry McMichael
2.3 STREET ADDRESS 2491 Winchester Road
2.4 CITY-ST-ZIP Memphis, TN3.1 TITLE IVCD ☒ Change ☐ Addition3.2 NAME Sheldon, Elizabeth
3.3 STREET ADDRESS P. O. Box 3565 (N/A)
3.4 CITY-ST-ZIP Montgomery, AL 361094.1 TITLE 2VCD ☐ Change ☒ Addition4.2 NAME Valteau, Paul
4.3 STREET ADDRESS 108 Royal Street
4.4 CITY-ST-ZIP New Orleans, LA 701305.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
000002178910
-05/14/97--01113--0036.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Jerry McMichael TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry McMichael 2/28/97 (901) 922-8075

Jerry McMichael 4/7/97