

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001016

FILED
Jan 08, 2008
Secretary of State

Entity Name: SOUTHEASTERN AIRPORT MANAGERS' ASSOCIATION EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

8712 CASPIANA LANE
N CHARLESTON, SC 29420

New Principal Place of Business:

Current Mailing Address:

8712 CASPIANA LANE
N CHARLESTON, SC 29420

New Mailing Address:

FEI Number: 59-3269604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLELLAN, PARKER W
ONE AIRPORT BLVD
ORLANDO, FL 32827 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EDWARDS, DAVID N AAE
Address: 708 AIRPORT ROAD
City-St-Zip: FLETCHER, NC 28732

Title: VP () Delete
Name: BLEIWEIS, LEW S AAE
Address: P.O. BOX 9129
City-St-Zip: LOUISVILLE, KY 40209

Title: D () Delete
Name: BENNETT, JIM
Address: ONE AVIATION CIR.
City-St-Zip: WASHINGTON, DC 20001

Title: D () Delete
Name: SCOTT, BROCKMAN A AAE
Address: 2491 WINCHESTER ROAD, SUITE 113
City-St-Zip: MEMPHIS, TN 38116

Title: D () Delete
Name: MARRISON, WILLIAM
Address: P.O. BOX 15600
City-St-Zip: KNOXVILLE, TN 37901

Title: D () Delete
Name: WADE, KIMBERLY
Address: P.O. BOX 20509
City-St-Zip: ATLANTA, GA 30320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EDWARDS, DAVID N AAE
Address: 708 AIRPORT ROAD
City-St-Zip: FLETCHER, NC 28732

Title: P (X) Change () Addition
Name: BLEIWEIS, LEW S AAE
Address: P.O. BOX 9129
City-St-Zip: LOUISVILLE, KY 40209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: MARRISON, WILLIAM
Address: P.O. BOX 15600
City-St-Zip: KNOXVILLE, TN 37901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: R. C. BRAMMER, EXECUTIVE SECRETARY

ESEC

01/08/2008

Electronic Signature of Signing Officer or Director

Date