

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001016

**Entity Name:** SOUTHEASTERN AIRPORT MANAGERS' ASSOCIATION  
EDUCATIONAL FOUNDATION, INC.**FILED**  
**Jan 14, 2018**  
**Secretary of State**  
**CC0983920720****Current Principal Place of Business:**8712 CASPIANA LANE  
N CHARLESTON, SC 29420**Current Mailing Address:**8712 CASPIANA LANE  
N CHARLESTON, SC 29420 US**FEI Number: 59-3269604****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MCCLELLAN, PARKER WJR.  
6300 WEST BAY PARKWAY  
PANAMA CITY, FL 32409 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 IMMEDIATE PAST PRESIDENT  
Name KELLY, GREG AAE  
Address 400 AIRWAYS DRIVE  
City-State-Zip: SAVANNAH GA 31408

Title PRESIDENT  
Name COLEMAN, TONEY AAE  
Address 400 AIRPORT ROAD  
City-State-Zip: FAYETTEVILLE NC 28306

Title DIRECTOR  
Name WILSON, PATRICK AAE  
Address 2525 HIGHWAY 75  
City-State-Zip: BLOUNTVILLE TN 37617

Title PRESIDENT-ELECT  
Name APONE, PATRICIA AAE  
Address P. O. BOX 9129  
City-State-Zip: LOUISVILLE KY 40209

Title EXECUTIVE SECRETARY  
Name BRAMMER, ROBERT  
Address 8712 CASPIANA LANE  
City-State-Zip: NORTH CHARLESTON SC 29420

Title SECRETARY/TREASURER  
Name REISMAN, MICHAEL AAE  
Address 61 TERMINAL DRIVE, SUITE 1  
City-State-Zip: FLETCHER NC 28732

Title DIRECTOR  
Name KING, DAVID  
Address 10 S. 6TH STREET, SUITE 100  
City-State-Zip: RICHMOND VA 23219

Title DIRECTOR  
Name SHEARER, JENNIFER C.M.  
Address 1891 9TH STREET  
City-State-Zip: MOBILE AL 36608

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*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: ROBERT C. BRAMMER****EXECUTIVE SECRETARY 01/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 SHELLER, TODD AAE  
Address             P. O. BOX 17045  
City-State-Zip:   WASHINGTON DC 20041

Title                   DIRECTOR  
Name                 SMIGHELSCHI, MIAHI AAE  
Address             P. O. BOX 15600  
City-State-Zip:   KNOXVILLE TN 37901