

# 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 # **N94000001016 (4)**

1. Corporation Name

**SOUTHEASTERN AIRPORT MANAGERS' ASSOCIATION EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business

Mailing Address

108 E. JEFFERSON ST.  
SUITE A  
TALLAHASSEE FL 32301

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SUITE A  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified  
**03/01/1994**

3a. Date of Last Report  
**07/10/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-3269604**

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 Fees**

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

**COULTER, WILLIAM P  
108 E. JEFFERSON ST.  
SUITE A  
TALLAHASSEE FL 32301**

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 obligation of, Section 617.003, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and not acceptable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOWES, JIM	
STREET ADDRESS	ST. PETE/CLEARWATER AIRPORT ADM BLDG 221	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	<del>VP</del> <del>President</del>	<input type="checkbox"/> DELETE
NAME	BURGESS, MONTY	
STREET ADDRESS	NA P.O. BOX 88004	
CITY-ST-ZIP	MOBILE AL	
TITLE	<del>TD</del> <del>Director</del>	<input type="checkbox"/> DELETE
NAME	MCKENZIE, FLOYD P	
STREET ADDRESS	NA P.O. BOX 35005	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	<del>SD</del> <del>Secretary</del>	<input type="checkbox"/> DELETE
NAME	STEVENS, SUSAN	
STREET ADDRESS	BOX 101 5500 INTERNATIONAL BLVD	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	<del>PRESIDENT</del>	<input type="checkbox"/> DELETE
NAME	JOHN E. HANLIN	
STREET ADDRESS	P.O. Box 1055	
CITY-ST-ZIP	BLAUNTVILLE TN 37617	
TITLE	<del>VICE PRESIDENT</del>	<input type="checkbox"/> DELETE
NAME	JERRY McMICHAEL	
STREET ADDRESS	P.O. Box 30168	
CITY-ST-ZIP	MEMPHIS TN 38130-0168	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<del>EXECUTIVE SECRETARY</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<del>ROBERT BRAMMER III</del>	
1.3 STREET ADDRESS	<del>Box A 3 NA</del>	
1.4 CITY-ST-ZIP	<del>Richmond VA 23281</del>	
2.1 TITLE	<del>PRESIDENT</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<del>JOHN E. HANLIN</del>	
2.3 STREET ADDRESS	<del>P.O. Box 1055 NA</del>	
2.4 CITY-ST-ZIP	<del>BLAUNTVILLE TN 37617</del>	
3.1 TITLE	<del>VICE PRESIDENT</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<del>JERRY McMICHAEL</del>	
3.3 STREET ADDRESS	<del>P.O. Box 30168 NA</del>	
3.4 CITY-ST-ZIP	<del>MEMPHIS TN 38130-0168</del>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

**1/29/96**

**(910) 665-5600**

Date

Daytime Phone #

CR2E037 (12/95)