

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001016

Entity Name: SOUTHEASTERN AIRPORT MANAGERS' ASSOCIATION
EDUCATIONAL FOUNDATION, INC.**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 PRESIDENT
Name WILSON, PATRICK AAE
Address 2525 HIGHWAY 75
City-State-Zip: BLOUNTVILLE TN 37617

Title IMMEDIATE PAST PRESIDENT
Name REISMAN, MICHAEL AAE
Address 61 TERMINAL DRIVE, SUITE 1
City-State-Zip: FLETCHER NC 28732

Title DIRECTOR
Name MILLER, PERRY
Address P. O. BOX 98109
City-State-Zip: JACKSON MS 39208

Title PRESIDENT-ELECT
Name BLUE, TERRY
Address 2491 WINCHESTER ROAD, SUITE
 #113
City-State-Zip: MEMPHIS TN 38116

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

Title DIRECTOR
Name GOWDER, CONNIE
Address 2594 NORTH MT. JULIET ROAD
City-State-Zip: MT. JULIET TN 37122

Title SECRETARY/TREASURER
Name VAN MOPPES, SCOTT
Address 1100 JETPORT ROAD
City-State-Zip: MYRTLE BEACH SC 29577

Title DIRECTOR
Name GADDIS, CAROL
Address P. O. BOX 20509
City-State-Zip: ATLANTA GA 30320

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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 01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CRILLY, TRAVIS
Address	4000 TERMINAL DRIVE, SUITE 206
City-State-Zip:	LEXINGTON KY 40510