

**2021 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 IMMEDIATE PAST PRESIDENT  
Name WILSON, PATRICK AAE  
Address 2525 HIGHWAY 75  
City-State-Zip: BLOUNTVILLE TN 37617

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

Title DIRECTOR  
Name ROBINSON, LENARD AAE  
Address 400 AIRWAYS AVENUE  
City-State-Zip: SAVANNAH GA 31408

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

Title SECRETARY/TREASURER  
Name MILLER, PERRY  
Address 1 RICHARD E. BYRD TERMINAL DRIVE  
City-State-Zip: RIC AIRPORT VA 27623

Title PRESIDENT-ELECT  
Name VAN MOPPES, SCOTT  
Address 1100 JETPORT ROAD  
City-State-Zip: MYRTLE BEACH SC 29577

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

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

**Continues on page 2**

*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, II****EXECUTIVE SECRETARY 01/14/2021**

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