

2022 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: No****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	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	CARRINGTON, JOHN
Address	10748 DEERWOOD PARK BOULEVARD, SOUTH
City-State-Zip:	JACKSONVILLE FL 32256

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

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

Title	IMMEDIATE PAST 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

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

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 01/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ATKINS-THOBEN, MEGAN
Address	700 ADMINISTRATION DRIVE
City-State-Zip:	LOUISVILLE KY 40209