

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 # N38421 (6)

1. Corporation Name
EASTERN AIRLINES RETIREES ASSOCIATION, INC.



Principal Place of Business Mailing Address
% PAUL G. MERCER
700 S ROYAL POINCIANA BLVD. #502
MIAMI SPRINGS FL 33166

3. Date incorporated or Qualified **05/29/1990** 3a. Date of Last Report **02/20/1995**
4. FEI Number **59-2613167** 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

2. Principal Place of Business 2a. Mailing Address
21 **4491 NW 36th Street** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite B** 27
City & State City & State
23 **Miami, FL** 28
Zip Country Zip Country
24 **33166** 25 **Dade** 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERCER, PAUL G.
700 S ROYAL POINCIANA BLVD
#502
MIAMI SPRINGS FL 33166

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 obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE
TITLE **TD**
NAME **PFISTER C. DOUGLAS**
STREET ADDRESS **7211 SW 132ND STREET**
CITY-ST-ZIP **MIAMI FL**
TITLE **D** DELETE
NAME **WOODWARD, WILLIAM**
STREET ADDRESS **396 PAYNE DR**
CITY-ST-ZIP **MIAMI SPRINGS FL**
TITLE **PD** DELETE
NAME **DEROSE, JOHN**
STREET ADDRESS **19786 4 SW 111 STREET**
CITY-ST-ZIP **MIAMI FL**
TITLE **SD** DELETE
NAME **FAKES, CAROL**
STREET ADDRESS **6545 W 15 CT**
CITY-ST-ZIP **HIALEAH FL**
TITLE **D** DELETE
NAME **GOULDENER, ED**
STREET ADDRESS **16725 SW 83 AVE**
CITY-ST-ZIP **MIAMI FL**
TITLE **D** DELETE
NAME **HACH, BOB**
STREET ADDRESS **987 NE 96 ST**
CITY-ST-ZIP **MIAMI SHORES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE **SD** Change Addition
12 NAME **B.J. Howard, 7851 N.W. 181 St.**
13 STREET ADDRESS **Hialeah, FL 33015**
14 CITY-ST-ZIP
21 TITLE **D** Change Addition
22 NAME **Charles Buckland, 9750 S.W. 92nd Ave.**
23 STREET ADDRESS **Miami, FL 33176**
24 CITY-ST-ZIP
31 TITLE **D** Change Addition
32 NAME **H. Kostyra, 284 To-to-lo-chiee Drive**
33 STREET ADDRESS **Hialeah, FL 33101-5238**
34 CITY-ST-ZIP
41 TITLE **VPD** Change Addition
42 NAME **Vito Borrelli, 10229 S.W. 57th Court**
43 STREET ADDRESS **Cooper City, FL 33328-**
44 CITY-ST-ZIP **6508**
51 TITLE **PD** Change Addition
52 NAME **John DeRose, 7514-A Notre Dame Drive**
53 STREET ADDRESS **New Port Richey, FL 34653**
54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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: *C. Douglas Pfister* **C. DOUGLAS PFISTER** 7/14/96 305-238-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)