

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38421

FILED
Apr 08, 2009
Secretary of State

Entity Name: EASTERN AIRLINES RETIREES ASSOCIATION, INC.

Current Principal Place of Business:

700 S ROYAL POINCIANNA BLVD
SUITE 501
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

% ROLAND H. MOORE, ESQ.
1221 BRICKELL AVE 17TH FLR, STE 2660
MIAMI, FL 33131

New Mailing Address:

FEI Number: 59-2613167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, ROLAND H ESQ
1221 BRICKELL AVE
15TH FLOOR SUITE 2660
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOMPKINS, DAVIS
Address: 1251 SW 21 AVENUE
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: WOODWARD, WILLIAM
Address: 396 PAYNE DR
City-St-Zip: MIAMI SPRINGS, FL

Title: VPD () Delete
Name: SCHMITZ, JOHN
Address: 9817 NW 93 TERR
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: NENTWIG, LOUISE M
Address: 28500 SW 177 AVENUE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVIS TOMPKINS

P

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date