

FILED

Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90015 044 ****61.25

DOCUMENT # F03000005269

1. Entity Name

ALLIANCE FOR RETIRED AMERICANS, INC.



Principal Place of Business

12773 W FOREST HILL BLVD., STE. 211
WELLINGTON FL 33414

Mailing Address

12773 W FOREST HILL BLVD., STE. 211
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2277805

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANSETTA, TONY
12773 W FOREST HILL BLVD., STE. 211
WELLINGTON FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 20049. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	KOURPIAS, GEORGE J	888 16TH STREET NW STE 520	WASHINGTON DC 20006-4103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VP	TRUMKA, RICHARD L	888 16TH STREET NW STE 520	WASHINGTON DC 20006-4103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST	BURKS, RUBEN	888 16TH STREET NW STE 520	WASHINGTON DC 20006-4103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	DELURY, ANN	888 16TH STREET NW STE 520	WASHINGTON DC 20006-4103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

4/1/2004

(202) 974-8222