

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

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



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KOURPIAS, GEORGE J
STREET ADDRESS	815 16TH ST NW 4TH FL
CITY-STATE-ZIP	WASHINGTON, DC 200064104
TITLE	VP
NAME	TRUMKA, RICHARD L
STREET ADDRESS	815 16TH ST NW 4TH FL
CITY-STATE-ZIP	WASHINGTON, DC 200064104
TITLE	ST
NAME	BURKS, RUBEN
STREET ADDRESS	815 16TH ST NW 4TH FL
CITY-STATE-ZIP	WASHINGTON, DC 200064104
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/29/07-80068-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *George J. Kourpias*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07
Date

Daytime Phone #