


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005269</b> 1. Entity Name ALLIANCE FOR RETIRED AMERICANS, INC.	
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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
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01292008 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 <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FRANSETTA, TONY 12773 W FOREST HILL BLVD., STE. 211 WELLINGTON, FL 33414	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reconstituting) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

11000000870423

04/09/08-80083-004 61.25

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

**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, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George J. Kourpias*

Date

**3-13-08 202-637-5399**

Daytime Phone #