

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005269

FILED
Apr 27, 2009
Secretary of State

Entity Name: ALLIANCE FOR RETIRED AMERICANS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-2277805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANSETTA, TONY
12773 W FOREST HILL BLVD., STE. 211
WELLINGTON, FL 33414 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: KOURPIAS, GEORGE J
Address: 815 16TH ST NW 4TH FL
City-St-Zip: WASHINGTON, DC 200064104

Title: VP () Delete
Name: TRUMKA, RICHARD L
Address: 815 16TH ST NW 4TH FL
City-St-Zip: WASHINGTON, DC 200064104

Title: ST () Delete
Name: BURKS, RUBEN
Address: 815 16TH ST NW 4TH FL
City-St-Zip: WASHINGTON, DC 200064104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EASTERLING, BARBARA J
Address: 815 16TH ST NW 4TH FL NORTH
City-St-Zip: WASHINGTON, DC 200064104

Title: VP (X) Change () Addition
Name: TRUMKA, RICHARD L
Address: 815 16TH ST NW 4TH FL NORTH
City-St-Zip: WASHINGTON, DC 200064104

Title: ST (X) Change () Addition
Name: BURKS, RUBEN
Address: 815 16TH ST NW 4TH FL NORTH
City-St-Zip: WASHINGTON, DC 200064104

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: BARBARA J EASTERLING

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date