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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18375** **(8)**

1. Corporation Name
RETIRED EASTERN PILOTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% W.T. MALONE 774 LULLWATER RD. N.E. ATLANTA GA 30307-6238	% W.T. MALONE 774 LULLWATER RD. N.E. ATLANTA GA 30307-6238

3. Date Incorporated or Qualified: 12/22/1986

4. FEI Number: 59-2748333 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 % J. M. BILLINGS		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27 4101 NELLIE CUSTIS CT		
City & State	City & State	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
23	28 ALEXANDRIA, VA		
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
24 / 25	29 22309-2915 / 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	ASKIN, R J		1.2 NAME	BROWN, T A	
STREET ADDRESS	2234 VALENCIA DR		1.3 STREET ADDRESS	107 HARBOR LAKE CIRCLE	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	W. PALM BCH, FL 33413-2125	
TITLE	PD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	JOHNSON, D. E.		2.2 NAME		
STREET ADDRESS	682 SIR CHARLES DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRBURN GA		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	KAYE, R. L		3.2 NAME	FRIDAY, J. L.	
STREET ADDRESS	3696 N HOGAN DR.		3.3 STREET ADDRESS	106 LAKEAIRES	
CITY-ST-ZIP	GOODYEAR AZ 85338		3.4 CITY-ST-ZIP	PEACHTREE CITY, GA 30269-1737	
TITLE	SD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MALONE, W.T.		4.2 NAME	STEVENS, H. E.	
STREET ADDRESS	774 LULLWATER RD NE		4.3 STREET ADDRESS	8265 SW 133RD ST	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	MIAMI, FL 33156-6631	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BILLINGS, JM		5.2 NAME		
STREET ADDRESS	4101 NELLIE CUSTIS CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	SMITH, L D		6.2 NAME		
STREET ADDRESS	102 ROLLING GREEN		6.3 STREET ADDRESS		
CITY-ST-ZIP	PEACHTREE CITY GA		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John M Billings 4-17-98 703/780-1688