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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18375**

1. Corporation Name
RETIRED EASTERN PILOTS ASSOCIATION, INC.

90079 - 90037 - 37

Principal Place of Business	Mailing Address
% W.T. MALONE 774 LULLWATER RD. N.E. ATLANTA GA 30307-8238	% BILLINGS. J M 4101 NELCIE CUSTIS CT ALEXANDRIA VA 22309-913~~5~~ US

2. Principal Place of Business 21 % BILLINGS, J. M. Suite, Apt. #, etc. 22 4101 NELLIE CUSTIS CT. City & State 23 ALEXANDRIA Zip 24 VA Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 -9125 Country 30	3. Date Incorporated or Qualifed 12/22/1986 4. FEI Number 59-2748333 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 JOHN. M. BILLINGS 1-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~ VD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BROWN, TA		1.2 NAME	BRILLAUD, A.E.	
STREET ADDRESS	107 HARBOR LAKE CIR		1.3 STREET ADDRESS	2531 CROSS COUNTRY DRIVE	
CITY-ST-ZIP	W PALM BCH FL 33413-2125		1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32124-6744	
TITLE	VD	☒ DELETE	2.1 TITLE		☐ 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	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRIDAY, J L		3.2 NAME		
STREET ADDRESS	106 LAKE AIRES		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEACHTREE CITY GA 30269-1737		3.4. CITY-ST-ZIP		
TITLE	~~D~~ VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, H E		4. 2 NAME		
STREET ADDRESS	8265 SW 133RD ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156-6631		4.4 CITY-ST-ZIP		
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	~~VD~~ PD	☐ DELETE	6.1 TITLE		☐ 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		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOHN M BILLINGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #