2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91041 022 ****61.25

DOCUMENT # N18375

1. Entity Name

RETIRED EASTERN PILOTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9547 MARINER'S COVE LANE FORT MYERS FL 33919	9547 MARINER'S COVE LANE FORT MYERS FL 33919 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
c/o R.B. NELLIS	
Suite, Apt. #, etc.: 9547 MARINERS COVE LANE	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State
Zip: 33919 Country: U.S.	Zip Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NELLIS, RICHARD B
9547 MARINERS COVE LANE
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLAND, E. N. 3491 PALL MALL DR. JACKSONVILLE FL 32257	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH G.C. 306 LAKE RIDGE DRIVE FAIRHOPE, AL 36532	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOLDER, J. B. 1821 HOLMES DR. SW CONYERS GA 30094	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLDER, J. B. 1821 HOLMES DR. SW CONYERS, GA 30094	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASADABAN, E. J. PO BOX 280 NORWOOD LA 70761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASADABAN, E.J. P.O. BOX 280 NORWOOD, LA 70761	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TEDDER, V R 2937 MARGARET MITCHELL COURT ATLANTA GA 30327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEEL, D.R. 2816 HIGHWAY 36 WEST JACKSON, GA 30233	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NELLIS, R B 9547 MARINERS COVE LANE FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~FRIDAY, J.L. D~~ FRIDAY, J.L. 106 LAKEAIRES PEACHTREE CITY, GA 30269	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DESKIN, G A 2422 EMERALD DRIVE JONESBORO GA 30236-5228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: R. B. Nellis RICHARD B. NELLIS 4/22/04 (239)454-7142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #