

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-09-2006 90029 044 *****61.25

N18375

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18375					
1. Entity Name RETIRED EASTERN PILOTS ASSOCIATION, INC.					
Principal Place of Business 9547 MARINER'S COVE LANE FORT MYERS, FL 33919			Mailing Address 9547 MARINER'S COVE LANE FORT MYERS, FL 33919 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	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 <u>RICHARD B. NELLIS</u> <u>R.B. Nellis</u> <u>2/5/06</u> Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	SMITH, G C		NAME	SMITH, G.C.	
STREET ADDRESS	306 LAKE RIDGE DRIVE		STREET ADDRESS	306 LAKE RIDGE DRIVE	
CITY-ST-ZIP	FAIRHOPE, AL 36532		CITY-ST-ZIP	FAIRHOPE, AL 36532	
TITLE	D	☐ Delete	TITLE	TD	☐ Change ☐ Addition
NAME	HOLDER, J. B.		NAME	FROST, G.V.	
STREET ADDRESS	1821 HOLMES DR. SW		STREET ADDRESS	5990 SEQUOIA LANE	
CITY-ST-ZIP	CONYERS, GA 30094		CITY-ST-ZIP	DOUGLASVILLE, GA 30135	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	FRIDAY, J L		NAME	MCCART, ROSS H.	
STREET ADDRESS	100 LAKE AIRES		STREET ADDRESS	12557 SE 91ST TERRACE RD.	
CITY-ST-ZIP	NORWOOD, LA 70761		CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	D	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	TEEL, D. R.		NAME	TEEL, D.R.	
STREET ADDRESS	2816 HWY 36 WEST		STREET ADDRESS	2816 HWY 36 WEST	
CITY-ST-ZIP	JACKSON, GA 30233		CITY-ST-ZIP	JACKSON, GA 30233	
TITLE	D	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	REED, A D		NAME	REED, A.D.	
STREET ADDRESS	3727 HIGHGREEN DR.		STREET ADDRESS	3727 HIGHGREEN DR.	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	MARIETTA, GA 30068	
TITLE	SD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DESKIN, G A		NAME		
STREET ADDRESS	2422 EMERALD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JONESBORO, GA 302365228		CITY-ST-ZIP		
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: <u>R.B. Nellis</u> <u>RICHARD B. NELLIS</u> <u>2/5/06</u> <u>(239)454-7142</u> Signature and typed or printed name of signing officer or director Date Daytime Phone #					