# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:04

DOCUMENT # N46848 (0)

1. Corporation Name
EASTERN AIRLINES DISABLED PILOTS ASSOCIATION, IN C.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 401<br>RIVERDALE GA 30274 | P.O. BOX 401<br>RIVERDALE GA 30274 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-2054558 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| OSMAN, L. MICHAEL<br>1800 WEST 49 STREET<br>SUITE 100<br>HIALEAH FL 33012 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 | D | 1.1 TITLE | D/T | ☐ Change ☒ Addition |
| NAME | ABBOTT, ROBERT D. | 1.2 NAME | Regan, John H. | |
| STREET ADDRESS | 5807 MONTEVINO DR. | 1.3 STREET ADDRESS | 500 Hawthorne Drive | |
| CITY-ST-ZIP | SAN JOSE CA 95123 | 1.4 CITY-ST-ZIP | Fayetteville, GA 30214-1217 | |
| TITLE | D | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CRAIG, ROBERT L. | 2.2 NAME | | |
| STREET ADDRESS | 153 HIDDEN VALLEY RD. | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FAYETTEVILLE GA 30260 | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DRAWDY, ROBERT G. | 3.2 NAME | | |
| STREET ADDRESS | 762 TYRONE RD. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TYRONE GA 30290 | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | HAIR, JAMES E. | 4.2 NAME | Hair, James E. | |
| STREET ADDRESS | P.O. BOX 523E DRIVE | 4.3 STREET ADDRESS | 1045 O'Hara Drive | |
| CITY-ST-ZIP | FAYETTEVILLE GA | 4.4 CITY-ST-ZIP | Jonesboro, GA 30236 | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SMITH, MALCOLM S. | 5.2 NAME | | |
| STREET ADDRESS | 38 HUNTINGTON RD N.E. | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ATLANTA GA 30309 | 5.4 CITY-ST-ZIP | | |
| TITLE | C | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | TRIVETT, ROSCOE H. | 6.2 NAME | | |
| STREET ADDRESS | P.O. BOX 872 | 6.3 STREET ADDRESS | P.O. Box 872 "N/A" | |
| CITY-ST-ZIP | MORROW GA 30260 | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 H. Regan March, 1995 (404) 461-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0075802