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APPROVED AND FILED

55 APR 20 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 OFFICE DEPARTMENT OF STATE
 Sandra B. Monrath
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N48441** (2)
 1. Corporation Name
EGLIN FEDERAL PRISON CAMP EMPLOYEES' CLUB, INC.

Principal Place of Business Mailing Address
FLAGLER RD BLDG 591 EGLIN AFB FL 32542
FLAGLER RD BLDG 591 EGLIN AFB FL 32542

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1992	3a. Date of Last Report 02/16/1994
4. FEI Number 59-2757720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Employees' Club Eglin Prison Camp PO Box 600
23. City & State	24. City & State Eglin AFB
24. Zip FL 32542	25. Country FL 32542 7600

9. Name and Address of Current Registered Agent
**MOORE, BART O.
 402 BAYSHORE DR
 NICEVILLE FL 32578-2421**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code FL
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAYES, STEVE
STREET ADDRESS	FLAGLER RD BLDG 591
CITY - ST - ZIP	EGLIN AFB FL
TITLE	DV
NAME	DAVIS, J.J.
STREET ADDRESS	FLAGLER RD BLDG 591
CITY - ST - ZIP	EGLIN AFB FL
TITLE	SD
NAME	FITZPATRICK, SUSAN J
STREET ADDRESS	FLAGLER RD BLDG 591
CITY - ST - ZIP	EGLIN AFB FL
TITLE	TD
NAME	KARCZEWSKI, TAMMY J.
STREET ADDRESS	FLAGLER RD BLDG 591
CITY - ST - ZIP	EGLIN AFB FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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: Tammy J. Karczewski 3-27-95 (904) 729-8787
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)