


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90104 005 \*\*\*\*61.25

**DOCUMENT # N48441**

1. Entity Name  
**EGLIN FEDERAL PRISON CAMP EMPLOYEES' CLUB, INC.**



Principal Place of Business  
**FLAGLER RD  
 BLDG 591  
 EGLIN AFB, FL 32542**

Mailing Address  
**EMPLOYEE'S CLUB EGLIN PRISON CAMP  
 P.O. BOX 600  
 EGLIN AFB, FL 32542-7606 US**

44060110



2. Principal Place of Business  
**INVERNESS ROAD**

3. Mailing Address  
 Suite, Apt. #, etc.

**BLDG. 50501**

01082004 Chg-NP CR2E037 (10/03)

City & State  
**EGLIN AFB, FL. 32542**

City & State

Zip Country  
**32542 USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**ALDERMAN, DAVID R  
 FLAGLER RD BLDG 591  
 EGLIN AFB, FL 32542**

7. Name and Address of New Registered Agent

Name  
**ALDERMAN, DAVID R.**

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

**BLDG 50501**

City  
**EGLIN AFB**

FL Zip Code  
**32542**

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 **1-9-04**

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

**Filing 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	PD ALDERMAN, DAVID R FLAGLER RD., BLDG. 591 EGLIN AFB, FL 32542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALDERMAN, DAVID INVERNESS ROAD BLDG 50501 EGLIN AFB, FL. 32542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NELSON, KARI M FLAGLER RD BLDG 591 EGLIN AFB, FL 32542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAHAM, DANNY INVERNESS ROAD BLDG 50501 EGLIN AFB, FL. 32542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARDECKI, SHARON FLAGLER RD., BLDG. 591 EGLIN AFB, FL- 32542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA DARIOTIS, ELENI INVERNESS ROAD BLDG 50501 EGLIN AFB, FL. 32542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENFOLD, MICHELLE FLAGLER RD., BLDG. 591 EGLIN AFB, FL 32542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENFOLD, MICHELLE INVERNESS ROAD BLDG 50501 EGLIN AFB, FL. 32542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **1-9-04** (850) 729-8266

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