

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # **N48441 (2)**
1. Corporation 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**

3. Date Incorporated or Qualified: **04/14/1992**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2757720**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, STEVE	
STREET ADDRESS	FLAGLER RD BLDG 591	
CITY-ST-ZIP	EGLIN AFB FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, J.J.	
STREET ADDRESS	FLAGLER RD BLDG 591	
CITY-ST-ZIP	EGLIN AFB FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FITZPATRICK, SUSAN J	
STREET ADDRESS	FLAGLER RD BLDG 591	
CITY-ST-ZIP	EGLIN AFB FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KARCZEWSKI, TAMMY D	
STREET ADDRESS	FLAGLER RD BLDG 591	
CITY-ST-ZIP	EGLIN AFB FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McHUGH, STACY	
1.3 STREET ADDRESS	FLAGLER RD BLDG 591	
1.4 CITY-ST-ZIP	EGLIN AFB, FL 32542	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PORTER, RON	
2.3 STREET ADDRESS	FLAGLER RD BLDG 591	
2.4 CITY-ST-ZIP	EGLIN AFB, FL 32542	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PORTER, CLAYTON	
3.3 STREET ADDRESS	FLAGLER RD BLDG 591	
3.4 CITY-ST-ZIP	EGLIN AFB, FL 32542	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DUBEJ, JANETTE	
4.3 STREET ADDRESS	FLAGLER RD BLDG 591	
4.4 CITY-ST-ZIP	EGLIN AFB, FL 32542	
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 119.07(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: *Stacy McHugh* 1-19-96 904 729-8270
DATE: _____ DAYTIME PHONE #: _____

CR2E037 (12/95)