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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
EMPLOYEE'S CLUB EGLIN PRISON CAMP P.O. BOX 600 EGLIN AFB FL 32542-0600 US

3. Date Incorporated or Qualified 04/14/1992
3a. Date of Last Report 04/16/1996
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

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

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	MCHUGH, STACY	
STREET ADDRESS	FLAGLER RD BLDG 591	
CITY-ST-ZIP	EGLIN AFB FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PORTER, RON	
STREET ADDRESS	FLAGLER RD BLDG 591	
CITY-ST-ZIP	EGLIN AFB FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, CLAYTON	
STREET ADDRESS	FLAGLER RD BLDG 591	
CITY-ST-ZIP	EGLIN AFB FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KARCEWSKI, 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	MARSHALL, KEITH	
1.3 STREET ADDRESS	FLAGLER RD BLDG 591	
1.4 CITY-ST-ZIP	EGLIN AFB FL	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TIERNEY, RENEE	
3.3 STREET ADDRESS	FLAGLER RD BLDG 591	
3.4 CITY-ST-ZIP	EGLIN AFB FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HATFIELD, KARI	
4.3 STREET ADDRESS	FLAGLER RD BLDG 591	
4.4 CITY-ST-ZIP	EGLIN AFB FL	
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 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: Kari Hatfield
DATE: 01-04-97
PHONE: 904-882-8522

CR2E037 (9/96)