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**May 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/14/1992		
4. FEI Number 59-2757720	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE PD	NAME MARSHALL, KEITH	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS FLAGLER RD., BLDG. 591	CITY - ST - ZIP EGLIN AFB FL	
TITLE DV	NAME PORTER, RON	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS FLAGLER RD BLDG 591	CITY - ST - ZIP EGLIN AFB FL	
TITLE SD	NAME TIERNEY, RENEE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS FLAGLER RD., BLDG. 591	CITY - ST - ZIP EGLIN AFB FL	
TITLE TD	NAME HATFIELD, KARI	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS FLAGLER RD., BLDG. 591	CITY - ST - ZIP EGLIN AFB FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD	NAME HUTCHESON, CHRIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 STREET ADDRESS FLAGLER RD., BLDG. 591	1.4 CITY - ST - ZIP EGLIN AFB FL	
2.1 TITLE DV	NAME WELLS, Clayton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 STREET ADDRESS FLAGLER RD., BLDG. 591	2.4 CITY - ST - ZIP EGLIN AFB FL	
3.1 TITLE SD	NAME GARDECKI SHARON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 STREET ADDRESS FLAGLER RD., BLDG. 591	3.4 CITY - ST - ZIP EGLIN AFB FL	
4.1 TITLE TD	NAME BUSH, BRENDA W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 STREET ADDRESS FLAGLER RD., BLDG. 591	4.4 CITY - ST - ZIP EGLIN AFB FL	
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 STREET ADDRESS	5.4 CITY - ST - ZIP	
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 STREET ADDRESS	6.4 CITY - ST - ZIP	

14. 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 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: Brenda W. Bush / Brenda W. Bush 4/29/98 850-729-8201

CR2E037 (10/97)