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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N48441

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

04/14/1992

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME HUTCHESON, CHRIS
 STREET ADDRESS FLAGLER RD., BLDG. 591
 CITY-ST-ZIP EGLIN AFB FL

TITLE DV DELETE
 NAME WELLS, CLAYTON
 STREET ADDRESS FLAGLER RD BLDG 591
 CITY-ST-ZIP EGLIN AFB FL

TITLE SD DELETE
 NAME GARDECKI, SHARON
 STREET ADDRESS FLAGLER RD., BLDG. 591
 CITY-ST-ZIP EGLIN AFB FL

TITLE TD DELETE
 NAME BUSH, BRENDA W.
 STREET ADDRESS FLAGLER RD., BLDG. 591
 CITY-ST-ZIP EGLIN AFB FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
 1.2 NAME McHUGH, STACY
 1.3 STREET ADDRESS FLAGLER RD., BLDG. 591
 1.4 CITY-ST-ZIP EGLIN AFB, FL

2.1 TITLE DV Change Addition
 2.2 NAME FITZPATRICK, SUSAN
 2.3 STREET ADDRESS FLAGLER RD, BLDG. 591
 2.4 CITY-ST-ZIP EGLIN AFB, FL

3.1 TITLE SD Change Addition
 3.2 NAME KARCZEWSKI, TAMMY
 3.3 STREET ADDRESS FLAGLER RD., BLDG. 591
 3.4 CITY-ST-ZIP EGLIN AFB, FL

4.1 TITLE TD Change Addition
 4.2 NAME GARDECKI, SHARON
 4.3 STREET ADDRESS FLAGLER RD., BLDG. 591
 4.4 CITY-ST-ZIP EGLIN AFB, FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 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, with all other like empowered.

SIGNATURE: *Sharon Gardecki* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
 Date

882-8522
 (850) 729-8253
 Daytime Phone #

CR2E07 (11/98)