

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90200 026 \*\*\*\*61.25



**DOCUMENT # N48441**

1. Entity 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 32542-7606  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Applied For	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MOORE, BART O. 102 BAYSHORE DR NICEVILLE FL 32578-2421				Name <b>ALDERMAN, DAVID R</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>FLAGLER RD, BLDG 591</b>			
				City <b>EGLIN AFB</b>		Zip Code <b>FL 32542</b>	

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 *David R Alderman, Human Resource Specialist* DATE 1-10-03

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HUTCHESON, CHRISTOPHER A FLAGLER RD., BLDG. 591 EGLIN AFB FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ALDERMAN, DAVID R FLAGLER RD BLDG 591 EGLIN AFB FL 32542</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV WELLS, CLAYTON L FLAGLER RD BLDG 591 EGLIN AFB FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV NELSON, KARI M FLAGLER RD BLDG 591 EGLIN AFB FL 32542</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DARIOTIS, ELENI M FLAGLER RD., BLDG. 591 EGLIN AFB FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SHARON GARDECKI FLAGLER RD BLDG 591 EGLIN AFB FL 32542</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD RING, GAIL E FLAGLER RD., BLDG. 591 EGLIN AFB FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PENFOLD, MICHELLE FLAGLER ROAD BLDG 591 EGLIN AFB FL 32542</b>	<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: *MICHELLE PENFOLD* DATE 1/10/03 DAYTIME PHONE # 850-729-8156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)