2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004063

Apr 25, 2006 Secretary of State

Entity Name: COLEMAN FEDERAL CORRECTIONAL COMPLEX EMPLOYEES' CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

COLEMAN FEDERAL CORRECTIONAL COMPLEX 846 NE 54TH TERRACE COLEMAN, FL 33521

New Mailing Address: Current Mailing Address:

COLEMAN FEDERAL CORRECTIONAL COMPLEX 846 NE 54TH TERRACE COLEMAN, FL 33521

FEI Number: 59-3337356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, FELIX M 236 N MAIN STREET US BUSHNELL, FL

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Delete (X) Change () Addition BLANTON, ALLAN HAYS, ROGER Name: Name:

846 NE 54 TERR Address: 846 NE 54 TERR Address: COLEMAN, FL 33521 City-St-Zip: COLEMAN, FL 33521 City-St-Zip:

Title: Title: (X) Change () Addition () Delete HAYS, ROGER Name: PEPPERS, ROBERT Name:

Address: 846 NE 54 TERR Address: 846 NE 54 TERR City-St-Zip: COLEMAN, FL 33521 City-St-Zip: COLEMAN, FL 33521

Title: () Delete Title: () Change () Addition BAILEY, GWENDOLYN Name: Name:

846 NE 54 TERR Address: Address: City-St-Zip: COLEMAN, FL 33521 City-St-Zip:

(X) Change () Addition Title: () Delete Title: Name:

MERKLE, JENNIFER Name: DIPAULA, WANDA 846 NE 54 TERR 846 NE 54 TERR Address: Address: City-St-Zip: COLEMAN, FL 33521 City-St-Zip: COLEMAN, FL 33521

Title: () Delete Title: (X) Change () Addition

PEPPERS, ROBERT MARTIN, RICHARD Name: Name: 846 NE 54 TERR 846 NE 54 TERR Address: Address: City-St-Zip: COLEMAN, FL 33521 City-St-Zip: COLEMAN, FL 33521

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN BAILEY Т 04/25/2006