2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004063

FILED Apr 17, 2009 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 P.O. BOX 539 SUMTERVILLE, FL 33585 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 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MCCOLLOUGH, ROAN GAWRON, CHARLES Name: Name: 846 NE 54 TERR Address: 846 NE 54 TERR Address: COLEMAN, FL 33521 COLEMAN, FL 33521 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition KOONCE, MACHELLE Name: FARFAGLIA, KRISTEN 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: PISANESCHI, ALICE Name: WHITE, WENDY 846 NE 54 TERR Address: 846 NE 54 TERR Address: City-St-Zip: COLEMAN, FL 33521 City-St-Zip: COLEMAN, FL 33521 Title: () Delete Title: (X) Change () Addition LEE, ROBERT SZAFIR-RILEY, LORI Name: Name: 846 NE 54 TERR Address: Address: 846 NE 54 TERR City-St-Zip: COLEMAN, FL 33521 City-St-Zip: COLEMAN, FL 33521 Title: () Delete Title: () Change () Addition PEPPERS, ROBERT Name: Name: Address: 846 NE 54 TERR Address: COLEMAN, FL 33521 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 T 04/17/2009