


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

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90165 035 ****70.00

DOCUMENT # N95000004063

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



Principal Place of Business
**COLEMAN FEDERAL CORRECTIONAL COMPLEX
846 NE 54TH TERRACE
COLEMAN FL 33521**

Mailing Address
**COLEMAN FEDERAL CORRECTIONAL COMPLEX
846 NE 54TH TERRACE
COLEMAN FL 33521**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3337356**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ADAMS, FELIX M
236 N MAIN STREET
BUSHNELL FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SEGREST, DAVID	
STREET ADDRESS	846 NE 54TH TERRACE	
CITY-ST-ZIP	COLEMAN FL 33521	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEANY, TRACI	
STREET ADDRESS	846 NE 54TH TERRACE	
CITY-ST-ZIP	COLEMAN FL 33521	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, RICHARD	
STREET ADDRESS	846 NE 54TH TERRACE	
CITY-ST-ZIP	COLEMAN FL 33521	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERTS, CLARA	
STREET ADDRESS	846 NE 54TH TERRACE	
CITY-ST-ZIP	COLEMAN FL 33521	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **Debbie Torres, Treasurer** January 15, 2003

CR2E037 (10/02)