2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006190

Entity Name: EMPLOYEES CLUB OF THE CITY OF WEWAHITCHKA, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
109 SOUTH SECOND STREET WEWAHITCHKA, FL 32465 US	318 SOUTH 7TH STREET WEWAHITCHKA, FL 32465 US

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 966 WEWAHITCHKA, FL 32465	

FEI Number: 76-0830067   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:**
PARRISH, CONNIE 109 SOUTH SECOND STREET WEWAHITCHKA, FL 32465 US	PARRISH, CONNIE 318 SOUTH 7TH STREET WEWAHITCHKA, FL 32465 US

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: CONNIE PARRISH   01/14/2011
                        Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: WADE, WENMAN H
Address: 318 SOUTH 7TH STREET
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: VP/D
Name: MCMILLION, RICKY L
Address: 318 SOUTH 7TH STREET
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: SD
Name: PARRISH, CONNIE
Address: 318 SOUTH 7TH STREET
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: TD
Name: PARRISH, CONNIE
Address: 318 SOUTH 7TH STREET
City-St-Zip: WEWAHITCHKA, FL 32465

I hereby 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 all other like empowered.

SIGNATURE: CONNIE PARRISH   SD   01/14/2011
                        Electronic Signature of Signing Officer or Director   Date