

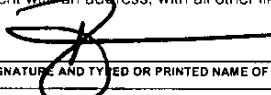


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90006 017 ****70.00

DOCUMENT # N13559					
1. Entity Name EMPLOYEES ACTIVITIES COMMITTEE, INC.					
Principal Place of Business 890 N HWY 17 PALATKA, FL 32177		Mailing Address 890 N HWY 17 PALATKA, FL 32177			
2. Principal Place of Business 890 N. Hwy 17 Suite, Apt. #, etc.		3. Mailing Address 890 N. Hwy 17 Suite, Apt. #, etc.			
City & State Palatka, FL		City & State Palatka, FL			
Zip 32177	Country USA	Zip 32177	Country USA		
4. FEI Number 59-3014883		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBINSON, ANTHONY Q 890 N HWY 17 PALATKA, FL 32177		7. Name and Address of New Registered Agent Name: Paul T. DuPhily Street Address (P.O. Box Number is Not Acceptable): 890 N. Hwy 17 City: Palatka City: Palatka FL Zip Code: 32177			
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:  President		DATE: 02-20-2006			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE: P	NAME: ROBINSON, ANTHONY Q	<input checked="" type="checkbox"/> Delete	TITLE: P	NAME: DuPhily, Paul T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 890 N HWY 17	CITY-ST-ZIP: PALATKA, FL 32177		STREET ADDRESS: 890 N. Hwy 17	CITY-ST-ZIP: Palatka, FL, 32177	
TITLE: VP	NAME: ALEXANDER, JOSHUA	<input checked="" type="checkbox"/> Delete	TITLE: VP	NAME: Holmes, Jaga	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 890 N HWY 17	CITY-ST-ZIP: PALATKA, FL 32177		STREET ADDRESS: 890 N. Hwy 17	CITY-ST-ZIP: Palatka, FL 32177	
TITLE: S	NAME: HOLMES, JOYA	<input checked="" type="checkbox"/> Delete	TITLE: S	NAME: Ferguson, April	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 890 N HWY 17	CITY-ST-ZIP: PALATKA, FL 32177		STREET ADDRESS: 890 N. Hwy 17	CITY-ST-ZIP: Palatka, FL, 32177	
TITLE: T	NAME: WEAVER, DANIEL	<input type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 890 N HWY 17	CITY-ST-ZIP: PALATKA, FL 32177		STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:		STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:		STREET ADDRESS:	CITY-ST-ZIP:	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE: 02-20-2006		Daytime Phone #: 386-328-9253	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	