2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N13559 1. Entity Name EMPLOYEES ACTIVITIES COMMITTEE, INC.				. I	02-23-2006 90006 017 ****70.00		
Principal Place 890 N HWY PALATKA, FL		Mailing Address 890 N HWY 17 PALATKA, FL 32177		1/14/(4) 04/(4) 14/14/	ON BURNES BURNES DE LA BERNA BERNA BURNA STERN BERNA	IN BEBEHDÎ DI NOBE	
2. Principal Place of Business 890 N. Hwy 17 Suite, Apt. #, etc.		3. Mailing Address 890 N. Hwy 17 Suite, Apt. #, etc.		00042000	02012006 Chg-NP CR2E037 (11/05)		
City & Stat	tka FL	Palatka F	<u></u>	4. FEI Number 59-3014883	-	Applied For Not Applicable	
Zip Country 32177 USA		Zip Country 4 32177~ U.S.A		5. Certificate of Stat	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROBINSON, ANTHONY Q			Name Paul T. Duphily				
890 N HW PALATKA	/Y 17 ., FL 32177	Street Address (Iress (P.O. Box Number is No	890 N. Hwy	7	
	,			Pelat	Ka	•	
		4	City	, 🕶 💴	FL Zip	Code 21:77	
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 Resident O2 - 20 - 200 6							
SIGNATURE		EZ Ideni			02-20-20)0 Q	
SIGNATURE		and little if applicable. (NOTE: R	legistered Agent signature	required when reinstating)	02 - 20 - 21 DATE		
	Signature, typed or printed name of logistered plent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Cor	algn:Financing htribution.	\$5.00 May Be Added to Fees	Make check payab Florida Department o	f State	
10.	Signature, typed or printed name of ogsistered shent a	9. Election Camp Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES	Make check payab	S IN 10	
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12. Thereby certify that the information supplied with this liling 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:

ND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

62 - 70- 2000

791. - 226-9267

Daytime Phone #