


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90067 008 ****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

40006200



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip
 Country

Zip
 Country

4. FEI Number
 59-3014883

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DUPHILY, PAUL T
 890 N HWY 17
 PALATKA, FL 32177

7. Name and Address of New Registered Agent

Name DAWN WHITEHILL
 Street Address (P.O. Box Number is Not Acceptable)
890 N HWY 17
 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 Dawn M. Whitehill DAWN M. WHITEHILL 1/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	P	<input checked="" type="checkbox"/> Delete
NAME	DUPHILY, PAUL T	
STREET ADDRESS	890 N HWY 17	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, JAYA	
STREET ADDRESS	890 N HWY 17	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	S	<input type="checkbox"/> Delete
NAME	FERGUSON, APIRL	
STREET ADDRESS	890 N HWY 17	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, DANIEL	
STREET ADDRESS	890 N HWY 17	
CITY-ST-ZIP	PALATKA, FL 32177	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITEHILL, DAWN M	
STREET ADDRESS	890 N HWY 17	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD ZAENGLIN	
STREET ADDRESS	890 N HWY 17	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, APRIL	
STREET ADDRESS	890 N HWY 17	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN GARRETT	
STREET ADDRESS	890 N HWY 17	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Dawn M. Whitehill DAWN M WHITEHILL 1/24/07 904-272-5225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X2201