

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13559

FILED
Jan 07, 2009
Secretary of State

Entity Name: EMPLOYEES ACTIVITIES COMMITTEE, INC.

Current Principal Place of Business:

890 N HWY 17
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

890 N HWY 17
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3014883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEHILL, DAWN
890 N HWY 17
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITEHILL, DAWN M
Address: 890 N HWY 17
City-St-Zip: PALATKA, FL 32177

Title: VP () Delete
Name: ZAENGLEIN, TODD
Address: 890 N HWY 17
City-St-Zip: PALATKA, FL 32177

Title: T () Delete
Name: FERGUSON, APRIL G
Address: 890 N HWY 17
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: EVINS, LINDA
Address: 890 N HWY 17
City-St-Zip: PALATKA, FL 32177

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WILLIAMS, ELONA
Address: 890 N HWY 17
City-St-Zip: PALATKA, FL 32177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT () Change (X) Addition
Name: MATT, APRIL
Address: 890 N HWY 17
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: APRIL MATT

VT

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date