

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28160** (2)
1. Corporation Name
EMPLOYEE ACTIVITIES CLUB, INC.



Principal Place of Business	Mailing Address
INT. OF US 98 AND SR 363 P.O. BOX 222 ST. MARKS FL 32355	INT. OF US 98 AND SR 363 P.O. BOX 222 ST. MARKS FL 32355

3. Date Incorporated or Qualified 09/01/1988	Applied For
4. FEI Number 59-2883420	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7197 COASTAL Hwy	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State CRAWFORDVILLE, FL	City & State
Zip 32327	Country
24	29
Country	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, LYNN E.
7197 COASTAL HIGHWAY
CRAWFORDVILLE FL 32327

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D TOMLINSON, DEBRA
STREET ADDRESS	RT 4 BOX 6888 N/A
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D FAINTICH, STEVE
STREET ADDRESS	397 MEADOW RIDGE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D YOUNGSTAND, JACKI
STREET ADDRESS	RT. 4, BOX 6172
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D CARD, NORMAN
STREET ADDRESS	ROUTE 4, BOX 6834
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOAN MARTIN
4.3 STREET ADDRESS	1057 MEDICAL PLACE
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cassie Youngstrom*

3/5/98 (850) 5772801

CP2E037 (10/97)