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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28160

1. Corporation Name

EMPLOYEE ACTIVITIES CLUB, INC.

Principal Place of Business

7197 COASTAL HWY
CRAWFORDVILLE FL 32327
US

Mailing Address

INT. OF US 98 AND SR 363
P.O. BOX 222
ST. MARKS FL 32355



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/01/1988

4. FEI Number

59-2883420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BLACK, LYNN E.
7197 COASTAL HIGHWAY
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

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	D	<input checked="" type="checkbox"/> DELETE
NAME	TOMLINSON, DEBRA	
STREET ADDRESS	RT 4 BOX 6888 N/A	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAINTICH, STEVE	
STREET ADDRESS	397 MEADOW RIDGE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YOUNGSTAND, JACKI	
STREET ADDRESS	RT. 4, BOX 6172	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, JOAN	
STREET ADDRESS	1057 MEDIEBAL PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
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	C/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE R. ROBBINS	
1.3 STREET ADDRESS	722 STILES AVE.	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARSHALL DRIVER	
2.3 STREET ADDRESS	106 Kirkland Dr.	
2.4 CITY-ST-ZIP	Crawfordville, FL 32327	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SELENA LEWIS	
3.3 STREET ADDRESS	33 Mill Hollow Dr.	
3.4 CITY-ST-ZIP	Crawfordville, FL 32327	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BECKY O'TOOLE	
4.3 STREET ADDRESS	P.O. Box 456	
4.4 CITY-ST-ZIP	Sopchoppy, FL 32358	
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, with all other like empowered.

SIGNATURE: GEORGE R. ROBBINS 2/9/99 (850) 577-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)