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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/01/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2883420 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution <input type="checkbox"/>

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
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME TOMLINSON, DEBRA STREET ADDRESS RT 4 BOX 6888 N/A CITY-ST-ZIP CRAWFORDVILLE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE C/P 1.2 NAME GEORGE R. ROBBINS 1.3 STREET ADDRESS 722 STILES AVE. 1.4 CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME FAINTICH, STEVE STREET ADDRESS 397 MEADOW RIDGE CITY-ST-ZIP TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/D 2.2 NAME MARSHALL DRIVER 2.3 STREET ADDRESS 106 Kirkland Dr. 2.4 CITY-ST-ZIP Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME YOUNGSTRAND, JACKI STREET ADDRESS RT. 4, BOX 6172 CITY-ST-ZIP CRAWFORDVILLE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T/D 3.2 NAME SELENA LEWIS 3.3 STREET ADDRESS 33 Mill Hollow Dr. 3.4 CITY-ST-ZIP Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE C NAME MARTIN, JOAN STREET ADDRESS 1057 MEDIEBAL PLACE CITY-ST-ZIP TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S/D 4.2 NAME BECKY O'TOOLE 4.3 STREET ADDRESS P.O. Box 456 4.4 CITY-ST-ZIP Sopchoppy, FL 32358	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 SIGNATURE REQUIRED 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)