

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # **N48441** (2)
1. Corporation Name
EGLIN FEDERAL PRISON CAMP EMPLOYEES' CLUB, INC.



Principal Place of Business
**FLAGLER RD
BLDG 591
EGLIN AFB FL 32542**

Mailing Address
**EMPLOYEE'S CLUB EGLIN PRISON CAMP
P.O. BOX 600
EGLIN AFB FL 32542-7606
US**

3. Date Incorporated or Qualified
04/14/1992

3a. Date of Last Report
04/20/1995

4. FEI Number
59-2757720

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**MOORE, BART O.
102 BAYSHORE DR
NICEVILLE FL 32578-2421**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PD	HAYES, STEVE	FLAGLER RD BLDG 591	EGLIN AFB FL	<input checked="" type="checkbox"/>
DV	DAVIS, J.J.	FLAGLER RD BLDG 591	EGLIN AFB FL	<input checked="" type="checkbox"/>
SD	FITZPATRICK, SUSAN J	FLAGLER RD BLDG 591	EGLIN AFB FL	<input checked="" type="checkbox"/>
TD	KARCZEWSKI, TAMMY D	FLAGLER RD BLDG 591	EGLIN AFB FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	McHUGH, STACY	FLAGLER RD BLDG 591	EGLIN AFB, FL 32542	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	PORTER, RON	FLAGLER RD BLDG 591	EGLIN AFB, FL 32542	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	PORTER, CLAYTON	FLAGLER RD BLDG 591	EGLIN AFB, FL 32542	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	DUBEJ, JANETTB	FLAGLER RD BLDG 591	EGLIN AFB, FL 32542	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Date

904 729-8270

Daytime Phone #

CR2E037 (12/95)