


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
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 # N48441

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/14/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2757720
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHESON, CHRIS	1.2 NAME	McHUGH, STACY
STREET ADDRESS	FLAGLER RD., BLDG. 591	1.3 STREET ADDRESS	FLAGLER RD., BLDG. 591
CITY-ST-ZIP	EGLIN AFB FL	1.4 CITY-ST-ZIP	EGLIN AFB, FL
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, CLAYTON	2.2 NAME	FITZPATRICK, SUSAN
STREET ADDRESS	FLAGLER RD BLDG 591	2.3 STREET ADDRESS	FLAGLER RD., BLDG. 591
CITY-ST-ZIP	EGLIN AFB FL	2.4 CITY-ST-ZIP	EGLIN AFB, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDECKI, SHARON	3.2 NAME	KARCZEWSKI, TAMMY
STREET ADDRESS	FLAGLER RD., BLDG. 591	3.3 STREET ADDRESS	FLAGLER RD., BLDG. 591
CITY-ST-ZIP	EGLIN AFB FL	3.4 CITY-ST-ZIP	EGLIN AFB, FL
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, BRENDA W.	4.2 NAME	GARDECKI, SHARON
STREET ADDRESS	FLAGLER RD., BLDG. 591	4.3 STREET ADDRESS	FLAGLER RD., BLDG. 591
CITY-ST-ZIP	EGLIN AFB FL	4.4 CITY-ST-ZIP	EGLIN AFB, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sharon Gardecki* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

Date

882-8522
 (850) 729-8253

Daytime Phone #

CR2E037 (11/98)