

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90200 026 ****61.25

DOCUMENT # N48441

1. Entity 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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MOORE, BART O. 102 BAYSHORE DR NICEVILLE FL 32578-2421				Name ALDERMAN, DAVID R			
				Street Address (P.O. Box Number is Not Acceptable) FLAGLER RD, BLDG 591			
				City EGLIN AFB FL 32542			
				Zip Code 32542			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David R Alderman*, Human Resource Specialist 1-10-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	☐ Delete		TITLE	PD	☒ Change ☐ Addition	
NAME	HUTCHESON, CHRISTOPHER A			NAME	ALDERMAN, DAVID R		
STREET ADDRESS	FLAGLER RD., BLDG. 591			STREET ADDRESS	FLAGLER RD BLDG 591		
CITY-ST-ZIP	EGLIN AFB FL			CITY-ST-ZIP	EGLIN AFB FL 32542		
TITLE	DV	☐ Delete		TITLE	DV	☒ Change ☐ Addition	
NAME	WELLS, CLAYTON L			NAME	NELSON, KARI M		
STREET ADDRESS	FLAGLER RD BLDG 591			STREET ADDRESS	FLAGLER RD BLDG 591		
CITY-ST-ZIP	EGLIN AFB FL			CITY-ST-ZIP	EGLIN AFB FL 32542		
TITLE	SD	☐ Delete		TITLE	SD	☒ Change ☐ Addition	
NAME	DARIOTIS, ELEN M			NAME	SHARON GARDECKI		
STREET ADDRESS	FLAGLER RD., BLDG. 591			STREET ADDRESS	FLAGLER RD BLDG 591		
CITY-ST-ZIP	EGLIN AFB FL			CITY-ST-ZIP	EGLIN AFB FL 32542		
TITLE	TD	☐ Delete		TITLE	TD	☒ Change ☐ Addition	
NAME	RING, GAIL E			NAME	PENFOLD, MICHELLE		
STREET ADDRESS	FLAGLER RD., BLDG. 591			STREET ADDRESS	FLAGLER ROAD BLDG 591		
CITY-ST-ZIP	EGLIN AFB FL			CITY-ST-ZIP	EGLIN AFB FL 32542		
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MICHELLE PENFOLD* 1/10/03 850-729-8156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)