FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 26 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000599 (2)

1. Corporation Name
FEDERAL PRISON CAMP PENSACOLA EMPLOYEES CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
110 RABY AVE BUILDING 2440, SAUFLEY FIELD PENSACOLA FL 32509-5127 US	110 RABY AVE BUILDING 2440, SAUFLEY FIELD PENSACOLA FL 32509-5127 US

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3162177 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRANGER, PATRICIA G
110 RABY AVE
BUILDING 2440, SAUFLEY FIELD
PENSACOLA FL 32509

10. Name and Address of New Registered Agent

81 Name: COFFEY, LAUREN P.
82 Street Address (P.O. Box Number is Not Acceptable): 110 RABY AVENUE
83: BUILDING 2440, SAUFLEY FIELD
84 City: PENSACOLA FL 85 Zip Code: 32509

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lauren P. Coffey — 4-20-1995
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	VP	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	GREATHOUSE, TANA	1.2 NAME	MATHERSON, PATRICIA	
STREET ADDRESS	7572 LANGFORD LN	1.3 STREET ADDRESS	507 SALEM DRIVE	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	PECK, BOB	2.2 NAME	BAILEY, JR. C.F.	
STREET ADDRESS	6760 SCOTTS PL	2.3 STREET ADDRESS	4100 McCLELLAN ROAD	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	RAYBURN, DIANNE	3.2 NAME	GREATHOUSE, TANA	
STREET ADDRESS	110 RABY AVE	3.3 STREET ADDRESS	7572 LANGFORD LANE	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	GRANGER, PATRICIA G	4.2 NAME	COFFEY, LAUREN P.	
STREET ADDRESS	571 BOBWHITE DRIVE	4.3 STREET ADDRESS	858 VALLEY RIDGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	4.4 CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Lauren P. Coffey — LAUREN P. COFFEY — 3-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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