

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000599 (2)

1. Corporation Name

FEDERAL PRISON CAMP PENSACOLA EMPLOYEES CLUB, IN  
C.

Principal Place of Business

Mailing Address

110 RABY AVE  
BUILDING 2440, SAUFLEY FIELD  
PENSACOLA FL 32509-5127  
US110 RABY AVE  
BUILDING 2440, SAUFLEY FIELD  
PENSACOLA FL 32509-5124  
US3. Date Incorporated or Qualified  
11/30/19923a. Date of Last Report  
05/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3162177

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALDERMAN, DAVID R  
110 RABY AVE  
BUILDING 2440, SAUFLEY FIELD  
PENSACOLA FL 32509

81 Name

RANGEL, REGINA A.

82 Street Address (P.O. Box Number is Not Acceptable)

110 RABY AVE

83

BUILDING 2440, SAUFLEY FIELD

84

PENSACOLA

85 Zip Code  
FL 3250911. 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

Regina Rangel

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MATHERSON, PATRICIA	
STREET ADDRESS	505 SALEM DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MATHERSON, GREGORY A	
STREET ADDRESS	505 SALEM DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FANUCCI, ALVIN H	
STREET ADDRESS	1999 MERLIN ROAD	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LADERMAN, DAVID R	
STREET ADDRESS	9831 HOLSBERRY ROAD #B	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DUNNAVANT, RUTH B.	
1.3 STREET ADDRESS	5611 BOB-O-LINK	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RANGEL, ROBERTO	
2.3 STREET ADDRESS	2655 TINOSA CIRCLE	
2.4 CITY-ST-ZIP	PENSACOLA, FL 32526	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DILLON, ANTHONY	
3.3 STREET ADDRESS	3850 B CREIGHTON RD, APT A	
3.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RANGEL, REGINA	
4.3 STREET ADDRESS	2655 TINOSA CIRCLE	
4.4 CITY-ST-ZIP	PENSACOLA, FL 32526	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

Regina Rangel

2/12/97

(904)

458-1228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074861

CR2E037 (9/96)