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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N92000000599 (2)**

1. Corporation Name

FEDERAL PRISON CAMP PENSACOLA EMPLOYEES CLUB, INC.

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

4. FEI Number: 59-3162177 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RANGEL, REGINA A
110 RABY AVE
BUILDING 2440, SAUFLEY FIELD
PENSACOLA FL 32509

10. Name and Address of New Registered Agent

81 Name: SJUVE Richard S. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 110 Raby Ave
83 Building 2440 Saufley Field
84 City: Pensacola FL 85 Zip Code: 32509

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, [illegible] Statutes.

SIGNATURE: [signature] DATE: 4-28-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DUNNAVANT, RUTH B. 5611 BOB-O-LINK PENSACOLA FL	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RANGEL, ROBERTO 2655 TINOSA CIRCLE PENSACOLA FL	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DILLON, ANTHONY 3850 B CREIGHTON RD., APT A PENSACOLA FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RANGEL, REGINA 2655 TINOSA CIRCLE PENSACOLA FL	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Crutchfield, Roy 612 N. 49th Ave Pensacola FL 32509	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SJUVE, Richard S. Jr. 3219 Raines ST Pensacola FL 32514	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: [signature] 4-28-98 850-457-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #