NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9200000599

FEDERAL PRISON CAMP PENSACOLA EMPLOYEES CLUB, IN

21

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

2. Principal Place of Business

Mailing Address 110 RABY AVE

2a. Mailing Address

BUILDING 2440. SAUFLEY FIELD PENSACOLA FL 32509-5127

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90164 019 ****61.25

Applied For

|--|--|--|

3. Date Incorporated or Qualifed

11/30/1992

e · [4. FEI Number		olied For	
Suite, Apt. :	#, etc.	-		59-3162177	1 1	Apolicable		
22		27		<u> </u>	\$8.75 A			
City & State	<u> </u>	City & State		5. Certificate of Status Desired	Fee Re			
23		28	Caunt				··	
Zip	Country	ZipCountry		6. Election Campaign Financing \$5.00 May Be				
24	25	29 30	<u> </u>		Trust Fund Contribution 10. Name and Address of New Registered		7 7 7 7 7 7	
	9. Name and Address of Current	Registered Agent	 	1 Name	10. Hamie and Address of least Registered			
				1401110	Lee, Lauren			
SJUVE, RICHARD S JR		8	82 Street Address (P.O. Box Number is Not Acceptable)					
110 RABY	AVE				110 Raby Avenue			
Building	2440, SAUFLEY FIELD		18	3	Building 2440, Saufley Fiel	d	1	
PENSACO	LA FL 32509		8	4 City		85 Zip C	ode	
			- 1	1,	Pensacola FL	. 325		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abo	ve-named C	corporation submits this statement for the purpose of	changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth ns of /Section 617,0503, Florida	onzea a Statuti	y the corpoi as.	ration's board of directors. I hereby accept the appoi			
	Sauren -	× 00			Mark 3	PPLC	4 1	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Aç	ent algnatura (94	quired when reinstating) DATE			8
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			(11/98)
TITLE	VPD	☐ DELETE	1.1 TITLE			Change	Addition	Ξ
NAME	CRUTCHFIELD, ROY	12NA		:				37
STREET ADDRESS	612 N 49TH AVENUE	1.3 ST		ET ADDRESS]	8
CITY-ST-ZIP	PENSACOLA FL 32509	1.4 CF		ST-ZIP				CR2E037
TITLE	TD	O DELETE	2.1 TITLE		TSD	Change	X Addition	ပ
NAME	SJUVE, RICHARD S JR	••	2.2 NAME]		Lee, Lauren		ì	
STREET ADDRESS	3219 RAINES STREET		2 1 STRE	ET ADDRESS	110 Raby Avenue Pensacola, FL 32509-5127			
1	PENSACOLA FL 32514		2.4 GITY-ST-ZIP		rensacora, rp 32307 3127		ŀ	
CITY-ST-ZEP	PD	₩ DELETE	3.1 11714		PD	Change	Addition Addition	
TITLE	DILLON, ANTHONY	A see-	3.2 NAM		Moore, Alan P.		_	
NAME		= 1 1		ETADORESS	110 Ráby Avenue			
	print coll 4 Fi				Pensacola, FL 32509		ł	
CITY-ST-ZIP	PENSACOLA FL	DELETE -	3.4. CITY 4.1 TITLE			- [-] Change -	- Addition	-
III.E		LI OCULTO					_ [
NAME	•		4. 2 NAM	_			}	
STREET ADDRESS				ET ADDRESS			ŀ	
CTTY-ST-ZIP			4.4 CRY			. ☐ Change	☐ Addition	
TITLE		☐ DELETE	5.1 TITLE			. Daniel		
NAME			5.2 NAM				,	
STREET ADDRESS				ET ADDRESS			[
CITY-ST-ZIP			5.4 CITY			<u></u>	TT A define	
TITLE	•	☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAM	•			l	
STREET ADDRESS			6.3 STRE	ET ADDRESS			ł	
CITY-ST-ZIP			6.4 CITY-					
14 Lhorabu c	arify that the information supplied with	this filing does not qualify for th	a eyem	tion stated	in Section 119.07(3)(i), Florida Statutes, I further cer	tify that the in	formation	

Interiory certury viscus are alternatives supplied which this limiting does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that me information indicated on this annual report or suppliemental 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, open an attachment with an address, with all other like empowered.