

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003893

FILED
Mar 15, 2004
Secretary of State**Entity Name:** THE EMPLOYEES' CLUB OF CHARLOTTE CORRECTIONAL INSTITUTION INC.**Current Principal Place of Business:**CHARLOTTE CORRECTIONAL INSTITUTION
33123 OIL WELL ROAD
PUNTA GORDA, FL 33955**New Principal Place of Business:****Current Mailing Address:**CHARLOTTE CORRECTIONAL INSTITUTION
33123 OIL WELL ROAD
PUNTA GORDA, FL 33955**New Mailing Address:****FEI Number:** 65-0981312**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HICKS, ANTHONY
33123 OILWELL RD
PUNTA GORDA, FL 33955 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: JOHNSON, DAVE
Address: 33123 OILWELL RD
City-St-Zip: PUNTA GORDA, FL 33955**Title:** VD () Delete
Name: SANDERS, RICK
Address: 33123 OILWELL RD
City-St-Zip: PUNTA GORDA, FL 33955**Title:** TD () Delete
Name: HICKS, ANTHONY
Address: 33123 OILWELL RD
City-St-Zip: PUNTA GORDA, FL 33955**Title:** SD () Delete
Name: BIVINS, CATHY
Address: 33123 OILWELL RD
City-St-Zip: PUNTA GORDA, FL 33955**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: BIVINS, CATHY
Address: 33123 OILWELL RD
City-St-Zip: PUNTA GORDA, FL 33955**Title:** VD (X) Change () Addition
Name: LEAHEY, SUE
Address: 33123 OILWELL RD
City-St-Zip: PUNTA GORDA, FL 33955**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: DRIGGERS, TERRI
Address: 33123 OILWELL RD
City-St-Zip: PUNTA GORDA, FL 33955

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A.M. HICKS

TD

03/15/2004

Electronic Signature of Signing Officer or Director

Date