2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N99000003893

1. Entity Name



03-30-2006 90032 030 ****70.00 THE EMPLOYEES' CLUB OF CHARLOTTE CORRECTIONAL INSTITUTION INC. Principal Place of Business Mailing Address CHARLOTTE CORRECTIONAL INSTITUTION CHARLOTTE CORRECTIONAL INSTITUTION 33123 OIL WELL ROAD PUNTA GORDA FL 33955 33123 OIL WELL ROAD PUNTA GORDA FL 33955 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0981312 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARKE, GAIL M Street Address (P.O. Box Number is Not Acceptable) 33123 OILWELL RD PUNTA GORDA FL 33950 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Delete A. COLON TITLE TITLE Change -EXAddition OTWELL, STEVEN NAME NAME 33123 OILWELL RD STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33955 CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE GATTO, FRANK NAME NAME 33123 OILWELL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33955 CITY-ST-ZIP TD TITLE TITLE Delete [] Addition CLARKE, GAIL M NAME NAME STREET ADDRESS 33123 OILWELL RD STREET ADDRESS PUNTA GORDA FL 33955 CITY-ST-7IP CITY-ST-ZIP Delete SD Addition TITLE ☐ Change TITLE TRUDELL, ALICE NAME NAME STREET ADDRESS 33123 OILWELL RD STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33955 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Secretary of State

Mar 30, 2006 8:00 am