

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 13, 2005  
Secretary of State**

DOCUMENT# N26099

Entity Name: EXXONMOBIL GULF COAST ANNUITANT CLUB, INC.

**Current Principal Place of Business:**

153 RUSS DRIVE  
GULF BREEZE, FL 32561 US

**New Principal Place of Business:**

**Current Mailing Address:**

153 RUSS DRIVE  
GULF BREEZE, FL 32561 US

**New Mailing Address:**

FEI Number: 63-0917752      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMS, NORM  
153 RUSS DRIVE  
GULF BREEZE, FL 32561 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: RANDALL ECKHOFF

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BUTLER, JIM  
Address: RT 1  
City-St-Zip: LILLIAN, AL 36549

Title: VD ( ) Delete  
Name: ADAMS, NORM  
Address: 153-RUSS DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: PD ( ) Delete  
Name: FELSMAN, JAMES  
Address: 9540 ABEL MARIE CT  
City-St-Zip: DAPHNE, AL 36526

Title: D ( ) Delete  
Name: ECKHOFF, RANDALL  
Address: 2816 DEL RIO RD W  
City-St-Zip: MOBILE, AL 36693

Title: SD ( ) Delete  
Name: WHITE, BETTY W  
Address: 1920 LODGEPOLE DR  
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete  
Name: CARLTON, RICHARD  
Address: 4375C DARNEY ROAD  
City-St-Zip: JAY, FL 32565

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RANDALL ECKHOFF

D

10/13/2005

Electronic Signature of Signing Officer or Director

Date