

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N27098** (5)

1. Corporation Name
EXXON ANNUITANTS CLUB OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**5371 COLONADE CT
CAPE CORAL FL 33904
US**

Mailing Address
**5371 COLONADE CT
CAPE CORAL FL 33904
US**

3. Date Incorporated or Qualified **06/23/1988** 3a. Date of Last Report **02/17/1995**

2. Principal Place of Business
21 **13411 BRIDGEFORD AVE** 2a. Mailing Address
26 **13411 BRIDGEFORD AVE**

4. FEI Number **65-0133137** Applied For Not Applicable

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23 **BONITA SPRINGS, FL** 28 **BONITA SPRINGS, FL**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 24 **33923** 25 **US** 29 **33923** 30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARMODY, THOMAS
5371 COLONADE CT
CAPE CORAL FL 33904**

81 Name **HIGGINS, EDWARD**
82 Street Address (P.O. Box Number is Not Acceptable) **13411 BRIDGEFORD AVE**
83
84 City **BONITA SPRINGS** FL 85 Zip Code **33923**

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, Section 617.0503, Florida Statutes.

SIGNATURE *Edward Higgins* **EDWARD HIGGINS, PRESIDENT** 2/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HIGGINS, EDWARD	
STREET ADDRESS	13411 BRIDGEFORD AVE	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STENDAHL, CURTIS	
STREET ADDRESS	3025 WEST GULF DR #2B	
CITY-ST-ZIP	SANIBEL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANG, HENRY	
STREET ADDRESS	2854 SANCHO PANZA CT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAMBERT, DOROTHY	
STREET ADDRESS	140 LAS PALMAS	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARMODY, THOMAS	
STREET ADDRESS	5371 COLONADE CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMMERBACHER, JOHN A J	
STREET ADDRESS	1629 SUZI STREET	
CITY-ST-ZIP	PUNTA GORDA FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HIGGINS, EDWARD	
1.3 STREET ADDRESS	13411 BRIDGEFORD AVE	
1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DICKINSON, ROBERT	
2.3 STREET ADDRESS	179 PURVIS ST	
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33983	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LANG, HENRY	
3.3 STREET ADDRESS	2854 SANCHO PANZA CT	
3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CARMODY, THOMAS	
5.3 STREET ADDRESS	5371 COLONADE CT	
5.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HAMMERBACHER, JOHN A. JR	
6.3 STREET ADDRESS	1629 SUZI STREET	
6.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Edward Higgins* **EDWARD HIGGINS** 2/19/96 941-495-6212
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)