

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90034 017 \*\*\*\*61.25

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DOCUMENT # N35242

1. Corporation Name

EXXON ANNUITANTS CLUB OF NORTHEAST FLORIDA, INC.

Principal Place of Business

C/O ROBERT MORRISON  
4003 CATTAIL POND DRIVE  
ORMOND BEACH FL 32224  
US

Mailing Address

C/O ROBERT MORRISON  
4003 CATTAIL POND DRIVE  
ORMOND BEACH FL 32224  
US

2. Principal Place of Business

21 4003 CATTAIL POND DR  
Suite, Apt. #, etc.

2a. Mailing Address

26 4003 CATTAIL POND DR  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/14/1989

4. FEI Number

59-2933127

Applied For

Not Applicable

City &amp; State

23 JACKSONVILLE, FL

City &amp; State

28 JACKSONVILLE, FL

Zip

24 32224

Country

25 USA

Zip

29 32224

Country

30 USA

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

6. Election Campaign Financing

Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ERDLITZ, ROBERT  
7925 MERRILL ROAD APT 2815  
JACKSONVILLE FL 32277

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME PRALL, HORACE G  
STREET ADDRESS 4003 CATTAIL POND DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32224TITLE VD ☐ DELETENAME ERDLITZ, ROBERT  
STREET ADDRESS 7925 MERRILL ROAD APT 2815  
CITY-ST-ZIP JACKSONVILLE FL 32277TITLE SD ☒ DELETENAME BANES, MARGARET  
STREET ADDRESS 10 FEDERAL LANE  
CITY-ST-ZIP PALM COAST FL 32137TITLE VPD ☐ DELETENAME MORRISON, ROBERT  
STREET ADDRESS 137 WINDWARD CIRCLE  
CITY-ST-ZIP ORMOND BEACH FL 32176TITLE VPD ☐ DELETENAME BANAS, DONALD  
STREET ADDRESS 10 FEDERAL LANE  
CITY-ST-ZIP PALM COAST FL 32137TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/D

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

T/D

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

S/D

☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

HANNA, ROBERT C., JR  
2629 LIGHTHOUSE COVE PLAE  
PONTE VEDRA BEACH, FL 32082

4.1 TITLE

D

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

V/D

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

BANGS,

6.1 TITLE

V/D

☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

GETSON, EUGENE M.  
1205 CUNNINGHAM CREEK DRIVE  
JACKSONVILLE, FL 32269

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)