

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 # **N35242** (9)

1. Corporation Name

EXXON ANNUITANTS CLUB OF NORTHEAST FLORIDA, INC.



Principal Place of Business

Mailing Address

C/O EDWARD JORGENSEN
2 KINGSLEY CIRCLE
ORMOND BEACH FL 32174-6210

C/O EDWARD JORGENSEN
2 KINGSLEY CIRCLE
ORMOND BEACH FL 32174-6210

3. Date Incorporated or Qualified
11/14/1989

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 **90 Robert Morrison**

26 **90 Robert Morrison**

4. FEI Number
59-2933127

Applied For
Not Applicable

22 **137 Windward Cir.**

27 **137 Windward Cir.**

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

23 **Ormond Beach, FL**

28 **Ormond Beach, FL**

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

24 **32176** 25 **USA**

29 **32176** 30 **USA**

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

NICHOLAS P. VACCA
104 VEDRA LNDG CT.
PONTE VEDRA BCH FL 32082

81 Name **Robert Erdlitz**
82 Street Address (P.O. Box Number Not Acceptable) **918 Carlotta Rd E.**
83
84 City **Jacksonville** FL 85 Zip Code **32211**

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 617.1503, Florida Statutes.

SIGNATURE

Robert Erdlitz

4/23/96

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EDUARDE JORGENSEN	
STREET ADDRESS	2 KINGSLEY CIRCLE	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE PATRICK	
STREET ADDRESS	33 MARSH CREEK RD.	
CITY-ST-ZIP	AMETIA ISLAND FL 32034	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ORSI, DOLORES	
STREET ADDRESS	104 VEDRA LANDING COURT	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLAS P. VACCA	
STREET ADDRESS	104 VEDRA LNDG CT.	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Morrison	
1.3 STREET ADDRESS	137 Windward Cir	
1.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
2.1 TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Erdlitz	
2.3 STREET ADDRESS	918 Carlotta Rd E.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32211	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lillian Daly	
4.3 STREET ADDRESS	116 Atwood Lane	
4.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
5.1 TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Donald Bangs	
5.3 STREET ADDRESS	10 Federal Lane	
5.4 CITY-ST-ZIP	Palm Coast, FL 32137	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: **Robert C. Morrison - Club President**

4/22/96 **904-677-5940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Morrison

Date

Daytime Phone #

CR2E037 (12/95)