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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35242**

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

Principal Place of Business	Mailing Address
~~C/O ROBERT MORRISON~~ ~~4003 CATTAIL POND DRIVE~~ ~~ORMOND BEACH FL 32224~~ ~~US~~	~~C/O ROBERT MORRISON~~ ~~4003 CATTAIL POND DRIVE~~ ~~ORMOND BEACH FL 32224~~ ~~US~~

2. Principal Place of Business	2a. Mailing Address
21 4003 CATTAIL POND DR.	26 4003 CATTAIL POND DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip 24 32224 Country 25 USA	Zip 29 32224 Country 30 USA

3. Date Incorporated or Qualifed: 11/14/1989

4. FEI Number: 59-2933127 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	PRALL, HORACE G		1.2 NAME		
STREET ADDRESS	4003 CATTAIL POND DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	ERDLITZ, ROBERT		2.2 NAME		
STREET ADDRESS	7925 MERRIL ROAD APT 2815		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	BANES, MARGARET		3.2 NAME	HANNA, ROBERT C., JR	
STREET ADDRESS	10 FEDERAL LANE		3.3 STREET ADDRESS	2629 LIGHTHOUSE COVE PLACE	
CITY-ST-ZIP	PALM COAST FL 32137		3.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	VPD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MORRISON, ROBERT		4.2 NAME		
STREET ADDRESS	137 WINDWARD CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BANAS, DONALD		5.2 NAME	BANGS,	
STREET ADDRESS	10 FEDERAL LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	V/D	☐ Change ☒ Addition
NAME			6.2 NAME	GETSON, EUGENE M.	
STREET ADDRESS			6.3 STREET ADDRESS	1205 CUNNINGHAM CREEK DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32259	

CR2E037 (11/98)

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 REQUIRED H.G. PRALL 4/5/99 904/992-9067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #