

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90288 033 ****61.25

DOCUMENT # N35242

1. Entity Name

EXXON ANNUITANTS CLUB OF NORTHEAST FLORIDA, INC.



Principal Place of Business

**4003 CATTAIL POND DR
JACKSONVILLE FL 32224
US**

Mailing Address

**4003 CATTAIL POND DR
JACKSONVILLE FL 32224
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2933127**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ERDLITZ, ROBERT
7925 MERRILL ROAD APT 2815
JACKSONVILLE FL 32277**

7. Name and Address of New Registered Agent

Name **HORACE G. PRALL**

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

4003 CATTAIL POND DR

City **JACKSONVILLE**

FL

Zip Code

32224

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

HORACE G. PRALL

2/13/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	PRALL, DONA M		
STREET ADDRESS	4003 CATTAIL POND DRIVE		
CITY-ST-ZIP	JACKSONVILLE FL 32224		
TD	ERDLITZ, ROBERT E	TD	JOHN GRUPE
STREET ADDRESS	7925 MERRIL ROAD APT 2815	STREET ADDRESS	95179 SPRING BLOSSOM LANE
CITY-ST-ZIP	JACKSONVILLE FL 32277	CITY-ST-ZIP	FERNANDINA BCH, FL 32034
SD	HANNA, ROBERT C JR		
STREET ADDRESS	2629 LIGHTHOUSE COVE PLACE		
CITY-ST-ZIP	POINTE VEDRA BEACH FL 32082		
VD	COOPER, WILLIAM		
STREET ADDRESS	10321 N HEATHER GLEN DRIVE		
CITY-ST-ZIP	JACKSONVILLE FL 32256		
VD	PRALL, HORACE		
STREET ADDRESS	4003 CATTAIL POND DR.		
CITY-ST-ZIP	JACKSONVILLE FL 32224		
VD	DAVITT, KATHLEEN		
STREET ADDRESS	4561 COQUINA CROSSING DR.		
CITY-ST-ZIP	ELKTON FL 32033		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DONA M. PRALL

2/13/03 904-992-9067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR TRUSTEE

CR2E037 (10/02)