2023	FLORIDA	NOT FOR	PROFIT	CORPORATION	ANNUAL REPORT

DOCUMENT# N26099

Entity Name: EXXONMOBIL GULF COAST ANNUITANT CLUB, INC.

Current Principal Place of Business:

9641 HIGHWAY 97 CENTURY, FL 32535

Current Mailing Address:

6255 PINE TERRACE CIRCLE MILTON, FL 32570 US

FEI Number: 63-0917752

Name and Address of Current Registered Agent:

COOK., WILLIAM EMR 9641 HIGHWAY 97 CENTURY, FL 32535 US

Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	SCOTT, CHARLES	Name	COOK, WILLIAM
Address	P.O. BOX 681	Address	9641 HIGHWAY 97
City-State-Zip:	CENTURY FL 32535	City-State-Zip:	CENTURY FL 32535
Title	DIRECTOR	Title	DIRECTOR
Name	HENRY, KIRSEY	Name	MC CARTY, DODD VP
Address	188 SHIPP ST	Address	P.O. BOX 398
City-State-Zip:	CASTLEBERRY AL 36432	City-State-Zip:	LOXLEY AL 36551
Title	DIRECTOR	Title	TREASURER
Title Name	DIRECTOR HAMILTON, DON	Title Name	TREASURER WILLIAMS, MICHAEL
Name	HAMILTON, DON 7350 MEADOW DRIVE SOUTH	Name	WILLIAMS, MICHAEL
Name Address	HAMILTON, DON 7350 MEADOW DRIVE SOUTH	Name Address	WILLIAMS, MICHAEL 6255 PINE TERRACE CIR.
Name Address City-State-Zip:	HAMILTON, DON 7350 MEADOW DRIVE SOUTH MOBILE AL 36619	Name Address City-State-Zip:	WILLIAMS, MICHAEL 6255 PINE TERRACE CIR. MILTON FL 32570
Name Address City-State-Zip: Title	HAMILTON, DON 7350 MEADOW DRIVE SOUTH MOBILE AL 36619 DIRECTOR	Name Address City-State-Zip: Title	WILLIAMS, MICHAEL 6255 PINE TERRACE CIR. MILTON FL 32570 SECRETARY
Name Address City-State-Zip: Title Name	HAMILTON, DON 7350 MEADOW DRIVE SOUTH MOBILE AL 36619 DIRECTOR SAUL, CHERYL 2504 ABBIE ELIZABETH COURT	Name Address City-State-Zip: Title Name	WILLIAMS, MICHAEL 6255 PINE TERRACE CIR. MILTON FL 32570 SECRETARY ZAJAC, CHRIS 1605 BALIHAI COURT

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL L WILLIAMS

CLUB TREASURER

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 30, 2023 Secretary of State 6153865354CC

Date

Officer/Director Detail Continued :

Title	VP	Title	PRESIDENT
Name	MAYNARD, GEORGE	Name	HAIGER JR., ALVIN HAYNE
Address	332 LAURAL DR	Address	2329 MAJESTIC DR.
City-State-Zip:	GULF BREEZE AL 32563	City-State-Zip:	PENSACOLA FL 32534