

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:40

DOCUMENT # N25051 (6)
1. Corporation Name
EXXON ANNUITANT CLUB OF THE GOLD COAST, INC.

Principal Place of Business Mailing Address
3821 NE 17TH AVE 3430 SALT OCEAN DR
FT LAUDERDALE FL 33334 209
US FT LAUDERDALE FL 33308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/26/1988 3a. Date of Last Report 03/08/1994
4. FEI Number 59-2352193 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent
MORGAN, PAUL
3430 GALT OCEAN DR
APT. 209
FT. LAUDERDALE FL 33308

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DUNN, FRANK	1.2 NAME	
STREET ADDRESS	3821 NE 17TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	HENDRICKS, BERNARD	2.2 NAME	
STREET ADDRESS	6201 NW 66TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	2.4 CITY-ST-ZIP	
TITLE	66	3.1 TITLE	☒ Change ☐ Addition
NAME	WITSON, GEORGE	3.2 NAME	
STREET ADDRESS	15451 PENDERIDGE DR, F-210	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELOW BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, PAUL E	4.2 NAME	
STREET ADDRESS	3430 GALT OCEAN DR, #209	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SUBREVILLE, LOUISE	5.2 NAME	
STREET ADDRESS	3141 NW 47TH TERRACE, #327	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, ROD	6.2 NAME	
STREET ADDRESS	851 SW 5TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	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: Paul E. Morgan PAUL E. MORGAN, T/D 2/3/95 306-664-2609
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #