

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90007 001 *****8.75

03-17-1999 90007 002 *****61.25

DOCUMENT # N25051

1. Corporation Name

EXXON ANNUITANT CLUB OF THE GOLD COAST, INC.

Principal Place of Business

3821 NE 17TH AVE
FT. LAUDERDALE FL 33334
US

Mailing Address

3821 NE 17TH AVE
FORT LAUDERDALE FL 33334
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

02/26/1988

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

9. Name and Address of Current Registered Agent

DUNN, FRANK J.
3821 NE 77TH AVE
FT. LAUDERDALE FL 33334

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/09/99

12. OFFICERS AND DIRECTORS

TITLE PDT
NAME DUNN, FRANK
STREET ADDRESS 3821 NE 17TH AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE D
NAME POWERS, ELEANOR
STREET ADDRESS 401 SW 7TH AVE
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME LOUD, HENRY
STREET ADDRESS 460 NW 67TH ST, APT 108
CITY-ST-ZIP HIGHLAND BEACH FL

TITLE VPD
NAME GEMMELL, THOMAS
STREET ADDRESS 3198 NE 7TH DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME POWERS, ELEANOR
STREET ADDRESS 401 S. 4TH AVE
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME GIBSON, KATHLEEN
STREET ADDRESS 5120 A NESTING WAY
CITY-ST-ZIP DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRES
12 NAME FRANK J DUNN
13 STREET ADDRESS 3821 NE 17TH AVE
14 CITY-ST-ZIP FT LAUD FL 33334

21 TITLE V. Pres
22 NAME Thomas Gemmell
23 STREET ADDRESS 3198 NE 7th Dr
24 CITY-ST-ZIP BOCA RATON FL

31 TITLE D
32 NAME Eleanor Powers
33 STREET ADDRESS 401 S.W 7th Ave
34 CITY-ST-ZIP Boca Raton Fl

41 TITLE D
42 NAME Kathleen Gibson
43 STREET ADDRESS 5120 Nesting Way
44 CITY-ST-ZIP Delray Beach Fl

51 TITLE D
52 NAME Joanne Holmos
53 STREET ADDRESS 1015 NW 6th Terrace
54 CITY-ST-ZIP Boca Raton Fl

61 TITLE T
62 NAME Mary Abbattello
63 STREET ADDRESS 2006 Hythe A
64 CITY-ST-ZIP Centuryville Boca Raton Fl 33434

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

924-564-7942

CR2E037 (11/98)