

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90009 019 \*\*\*\*61.25

**DOCUMENT # N26099**

1. Entity Name

EXXONMOBIL GULF COAST ANNUITANT CLUB, INC.



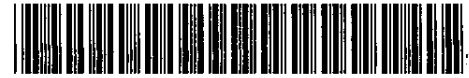
Principal Place of Business

C/O EXXON ANNIT CLUB  
7103 SCENIC HWY  
PENSACOLA FL 32504  
US

Mailing Address

C/O EUGENE LANGSTON  
7103 SCENIC HWY  
PENSACOLA FL 32504  
US

54019332



MOORE CR2E037 (11/03)

2. Principal Place of Business

153 RUSS DRIVE

3. Mailing Address

153 RUSS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

City & State

GULF BREEZE FL

4. FEI Number

63-0917752

Applied For

Not Applicable

Zip

32561

Country

US

Zip

32561

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, WILLIAM E  
9641 HWY 97  
CENTURY FL 32535

7. Name and Address of New Registered Agent

Name NORM ADAMS

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

153 RUSS DRIVE

City GULF BREEZE

FL

Zip Code 32561

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 *Norm Adams*

NORM ADAMS, VP

3-15-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE D  
NAME COOK, WILLIAM E  
STREET ADDRESS 9641 HWY 97  
CITY-ST-ZIP CENTURY FL 32535 ☒ Delete

TITLE VD  
NAME ADAMS, NORM  
STREET ADDRESS 153-RUSS DRIVE  
CITY-ST-ZIP GULF-BREEZE FL 32561 ☐ Delete

TITLE PD  
NAME FELSMAN, JAMES  
STREET ADDRESS 9540 ABEL MARIE CT  
CITY-ST-ZIP DAPHNE AL 36526 ☐ Delete

TITLE D  
NAME ECKHOFF, RANDALL  
STREET ADDRESS 2816 DEL RIO RD W  
CITY-ST-ZIP MOBILE AL 36693 ☐ Delete

TITLE SD  
NAME WHITE, BETTY W  
STREET ADDRESS 1920 LODGEPOLE DR  
CITY-ST-ZIP MILTON FL 32583 ☐ Delete

TITLE D  
NAME CARLTON, RICHARD  
STREET ADDRESS 4375C DARNEY ROAD  
CITY-ST-ZIP JAY FL 32565 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME Jim BUTLER  
STREET ADDRESS RT 1  
CITY-ST-ZIP LILLIAN, AL 36549 ☐ Change ☒ Addition

TITLE D  
NAME Jim HORNE  
STREET ADDRESS 7130 HELMS ROAD  
CITY-ST-ZIP PENSACOLA, FL 32526 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Jim Felsman* JIM FELSMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04

Date

251 447-0783

Daytime Phone #