2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# N26099

Entity Name: EXXONMOBIL GULF COAST ANNUITANT CLUB, INC.

Current Principal Place of Business:

153 RUSS DRIVE
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

153 RUSS DRIVE
GULF BREEZE, FL 32561 US

New Mailing Address:

FEI Number: 63-0917752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, NORM
153 RUSS DRIVE
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BUTLER, JIM
Address: RT 1
City-St-Zip: LILLIAN, AL 36549

Title: VD ( ) Delete
Name: ADAMS, NORM
Address: 153-RUSS DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: PD ( ) Delete
Name: FELSMAN, JAMES
Address: 9540 ABEL MARIE CT
City-St-Zip: DAPHNE, AL 36526

Title: D ( ) Delete
Name: ECKHOFF, RANDALL
Address: 2816 DEL RIO RD W
City-St-Zip: MOBILE, AL 36693

Title: SD ( ) Delete
Name: WHITE, BETTY W
Address: 1920 LODGEPOLE DR
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete
Name: CARLTON, RICHARD
Address: 4375C DARNEY ROAD
City-St-Zip: JAY, FL 32565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change ( ) Addition
Name: ECKHOFF, RANDALL H TREASUR
Address: 2816 DEL RIO ROAD WEST
City-St-Zip: MOBILE, AL 36693 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RANDALL H. ECKHOFF TREA 04/14/2007

Electronic Signature of Signing Officer or Director — Date