

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90379 047 ****61.25

DOCUMENT # N26099

1. Entity Name
EXXONMOBIL GULF COAST ANNUITANT CLUB, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-0917752**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOK, WILLIAM E
9641 HWY 97
CENTURY FL 32535**

Name

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

City

FL

Zip Code

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

William E. Cook

4-1-03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COOK, WILLIAM E.	
STREET ADDRESS	9641 HWY 97	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAY, WILLIAM J.	
STREET ADDRESS	112 GILMORE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FELSMAN, JAMES	
STREET ADDRESS	9540 ABEL MARIE CT	
CITY-ST-ZIP	DAPHNE AL 36526	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUTLER, JAMES	
STREET ADDRESS	P.O. BOX 372	
CITY-ST-ZIP	LILLIAN AL 36549	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHITE, BETTY W	
STREET ADDRESS	1920 LODGEPOLE DR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLTON, RICHARD	
STREET ADDRESS	4375C DARNEY ROAD	
CITY-ST-ZIP	JAY FL 32565	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, WILLIAM E.	
STREET ADDRESS	9641 HWY 97	
CITY-ST-ZIP	CENTURY, FL 32535	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, NORM	
STREET ADDRESS	153-RUSS-DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELSMAN, JAMES	
STREET ADDRESS	9540 ABEL MARIE CT	
CITY-ST-ZIP	DAPHNE, AL 36526	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ECKHOFF, RANDALL	
STREET ADDRESS	2816 DEL RIO ROAD NW.	
CITY-ST-ZIP	MOBILE, AL 36693	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

William E. Cook

4-1-03 904 327-6421

CR2E037 (10/02)