FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:19

DOCUMENT # N26150 (5)

1. Corporation Name

EXXON ANNUITANTS CLUB OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
149 HIGHLAND DRIVE LEESBURG FL 34788	149 HIGHLAND DRIVE LEESBURG FL 34788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1988
3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-2226547 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BACH, JANE L.
149 HIGHLAND DRIVE
LEESBURG FL 34788

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BACH, JANE L.	1.2 NAME	
STREET ADDRESS	149 HIGHLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, JAMES W.	2.2 NAME	
STREET ADDRESS	435 CATAMARAN DR. UNIT 59	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TICE, RICHARD H.	3.2 NAME	
STREET ADDRESS	2206 OAKVIEW CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	DV ☐ Change ☒ Addition
NAME	UBBENS, ARTHUR A.	4.2 NAME	ROTH, VIRGINIA
STREET ADDRESS	2685 CLUBHOUSE DR.	4.3 STREET ADDRESS	P. O. BOX 123 P/R
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	GOLDENROD, FL 32733
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	FRASER, WILFORD W.	5.2 NAME	NOSTRAND, VIVIAN S.
STREET ADDRESS	305 RIVERBEND BLVD.	5.3 STREET ADDRESS	101 N. GRANDVIEW STREET - APT 110
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, PATRICA W.	6.2 NAME	
STREET ADDRESS	140 SPRING COVE TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS 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: JANE L. BACH _____ 2/10/1995 904-589-1251
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

000003