

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N26150** (5)

1. Corporation Name

EXXON ANNUITANTS CLUB OF CENTRAL FLORIDA, INC.



Principal Place of Business

**149 HIGHLAND DRIVE
LEESBURG FL 34788**

Mailing Address

**149 HIGHLAND DRIVE
LEESBURG FL 34788**

See below

3. Date Incorporated or Qualified
04/28/1988

3a Date of Last Report
02/15/1995

2. Principal Place of Business **4943**
21 P.O. Box 123 MAGNOLIA AVE

2a. Mailing Address
26 PO BOX 123

4. FEI Number
59-2226547

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Goldenrod FL.

Suite, Apt. #, etc.
27 4943 MAGNOLIA AVE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 32733 USA

City & State
28 GOLDEN ROD FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24

Country

Zip
29 32733

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACH, JANE L.
149 HIGHLAND DRIVE
LEESBURG FL 34788**

81 Name **VIRGINIA M. ROTH**
82 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 123 4943 Magnolia Ave
83 **GOLDENROD, 32733**
84 City **WINTER PARK** **FL** 85 Zip Code **32792**

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 **VIRGINIA M. ROTH**

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

VIRGINIA M. BACH

(NOTE: Registered Agent signature required when re-registering)

DATE **3-13-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **BACH, JANE L.**
STREET ADDRESS **149 HIGHLAND DRIVE**
CITY-ST-ZIP **LEESBURG FL**

1.1 TITLE **TO** ☒ Change ☐ Addition
1.2 NAME **WIMP FRASER**
1.3 STREET ADDRESS **305 Riverbend Blvd.**
1.4 CITY-ST-ZIP **Longwood, FL 32777**

TITLE **DP** ☐ DELETE
NAME **HARRINGTON, JAMES W.**
STREET ADDRESS **435 CATAMARAN DR. UNIT 59**
CITY-ST-ZIP **MERRITT ISLAND FL**

2.1 TITLE **WIMP** ☐ Change ☐ Addition
2.2 NAME **WIMP**
2.3 STREET ADDRESS **WIMP**
2.4 CITY-ST-ZIP **WIMP**

TITLE **D** ☐ DELETE
NAME **TICE, RICHARD H.**
STREET ADDRESS **2206 OAKVIEW CIRCLE**
CITY-ST-ZIP **ST. CLOUD FL**

3.1 TITLE **U.P.** ☒ Change ☐ Addition
3.2 NAME **U.P.**
3.3 STREET ADDRESS **U.P.**
3.4 CITY-ST-ZIP **U.P.**

TITLE **DV** ☐ DELETE
NAME **ROTH, VIRGINIA**
STREET ADDRESS **P O BOX 123 N/A**
CITY-ST-ZIP **GOLDENROD FL**

4.1 TITLE **P** ☒ Change ☐ Addition
4.2 NAME **P**
4.3 STREET ADDRESS **P**
4.4 CITY-ST-ZIP **P**

TITLE **D** ☐ DELETE
NAME **NOSTRAND, VIVIAN S**
STREET ADDRESS **101 N GRANDVIEW STREET- ATP 110**
CITY-ST-ZIP **MOUNT DORA FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **HARRY MacCusker**
5.3 STREET ADDRESS **234 Mockingbird Ln**
5.4 CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **D** ☐ DELETE
NAME **DOUGLAS, PATRICA W.**
STREET ADDRESS **140 SPRING COVE TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. W. FRASER 3/13/96 407-788-

CR2E037 (12/95)