

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26150** (5)
1. Corporation Name
EXXON ANNUITANTS CLUB OF CENTRAL FLORIDA, INC.



Principal Place of Business 4943 MAGNOLIA AVE P O BOX 123 GOLDENROD FL 32733 US		Mailing Address P O BOX 123 4943 MAGNOLIA AVE GOLDENROD FL 32733 US		3. Date Incorporated or Qualified 04/28/1988	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2226547	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
City & State 22		City & State 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 23		Zip 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 24		Country 29		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROTH, VIRGINIA M 4943 MAGNOLIA AVE P O BOX 123 GOLDEN ROD FL 32792				10. Name and Address of New Registered Agent			
				81 Name TICE RICHARD H			
				82 Street Address (P.O. Box Number is Not Acceptable) 2206 OAKVIEW CIRCLE			
				83			
				84 City ST CLOUD FL 85 Zip Code 34769			

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 *Richard H. Tice* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, WILF	1.2 NAME	
STREET ADDRESS	305 RIVERBEND BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, JAMES W.	2.2 NAME	DP ROTH VIRGINIA
STREET ADDRESS	435 CATAMARAN DR. UNIT 59	2.3 STREET ADDRESS	P.O. BOX 123 N/A
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	Golden rod FL
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TICE, RICHARD H.	3.2 NAME	VP
STREET ADDRESS	2206 OAKVIEW CIRCLE	3.3 STREET ADDRESS	BART K. GURSKY
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	2410 Orchard Dr. Apopka FL
TITLE	P	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, VIRGINIA	4.2 NAME	P TICE Richard H.
STREET ADDRESS	P O BOX 123 N/A	4.3 STREET ADDRESS	2206 Oakview Circle
CITY-ST-ZIP	GOLDENROD FL	4.4 CITY-ST-ZIP	ST Cloud FL.
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOSTRAND, VIVIAN S	5.2 NAME	
STREET ADDRESS	101 N GRANDVIEW STREET- ATP 110	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *Michael W. Frank* 2/13/98

CR2E037 (10/97)