

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 # N27098 (5)
1. Corporation Name
EXXON ANNUITANTS CLUB OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

5371 COLONADE CT
CAPE CORAL FL 33904
US

Mailing Address

5371 COLONADE CT
CAPE CORAL FL 33904
US

3. Date Incorporated or Qualified
06/23/1988

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 **13411 BRIDGEFORD AVE**

26 **13411 BRIDGEFORD AVE**

4. FEI Number
65-0133137

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **BONITA SPRINGS, FL**

28 **BONITA SPRINGS, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33423**

25 **US**

29 **33423**

30 **US**

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

CARMODY, THOMAS
5371 COLONADE CT
CAPE CORAL FL 33904

81 Name **HIGGINS, EDWARD**

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

13411 BRIDGEFORD AVE

83

84 City **BONITA SPRINGS**

FL

85 Zip Code
33423

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

Edward Higgins

EDWARD HIGGINS, PRESIDENT

2/19/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE

NAME **HIGGINS, EDWARD**
STREET ADDRESS **13411 BRIDGEFORD AVE**
CITY-ST-ZIP **BONITA SPGS FL**

TITLE **D** ☒ DELETE

NAME **STENDAHL, CURTIS**
STREET ADDRESS **3025 WEST GULF DR #2B**
CITY-ST-ZIP **SANIBEL FL**

TITLE **TD** ☐ DELETE

NAME **LANG, HENRY**
STREET ADDRESS **2854 SANCHO PANZA CT**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **SD** ☐ DELETE

NAME **LAMBERT, DOROTHY**
STREET ADDRESS **140 LAS PALMAS**
CITY-ST-ZIP **N FT MYERS FL**

TITLE **VD** ☐ DELETE

NAME **CARMODY, THOMAS**
STREET ADDRESS **5371 COLONADE CT**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☐ DELETE

NAME **HAMMERBACHER, JOHN A J**
STREET ADDRESS **1629 SUZI STREET**
CITY-ST-ZIP **PUNTA GORDA FL**

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **HIGGINS, EDWARD**
1.3 STREET ADDRESS **13411 BRIDGEFORD AVE**
1.4 CITY-ST-ZIP **BONITA SPRINGS, FL 33423**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **DICKINSON, ROBERT**
2.3 STREET ADDRESS **179 PURVIS ST**
2.4 CITY-ST-ZIP **PORT CHARLOTTE, FL 33983**

3.1 TITLE **VD** ☒ Change ☐ Addition

3.2 NAME **LANG, HENRY**
3.3 STREET ADDRESS **2854 SANCHO PANZA CT**
3.4 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **CARMODY, THOMAS**
5.3 STREET ADDRESS **5371 COLONADE CT**
5.4 CITY-ST-ZIP **CAPE CORAL, FL 33904**

6.1 TITLE **TD** ☒ Change ☐ Addition

6.2 NAME **HAMMERBACHER, JOHN A. JR**
6.3 STREET ADDRESS **1629 SUZI STREET**
6.4 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

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:

Edward Higgins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96 941-495-6212
Date Daytime Phone #

CR2E037 (12/95)