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FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N27098 (5)
1. Corporation Name
EXXON ANNUITANTS CLUB OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

13411 BRIDGEOFORD AVENUE
BONITA SPRINGS FL 33923
US

Mailing Address

13411 BRIDGEOFORD AVENUE
BONITA SPRINGS FL 34135-3452
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 13411 BRIDGEOFORD AVE.

27 Suite, Apt. #, etc.

28 City & State

BONITA SPRINGS, FL

29 Zip

33923

34135-3452

30 Country

US

3. Date Incorporated or Qualified
06/23/19883a. Date of Last Report
02/27/1996

4. FEI Number

65-0133137

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

HIGGINS, EDWARD
13411 BRIDGEOFORD AVENUE
BONITA SPRINGS FL 33923

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HIGGINS, EDWARD
STREET ADDRESS 13411 BRIDGEOFORD AVENUE
CITY-ST-ZIP BONITA SPGS FLTITLE D
NAME DICKINSON, ROBERT
STREET ADDRESS 179 PURUS STREET
CITY-ST-ZIP PORT CHARLOTTE FLTITLE VD
NAME LANG, HENRY
STREET ADDRESS 2854 SANCHO PANZA CT
CITY-ST-ZIP PUNTA GORDA FLTITLE SD
NAME LAMBERT, DOROTHY
STREET ADDRESS 140 LAS PALMAS
CITY-ST-ZIP N FT MYERS FLTITLE D
NAME CARMODY, THOMAS
STREET ADDRESS 5371 COLONADE CT
CITY-ST-ZIP CAPE CORAL FLTITLE TD
NAME HAMMERBACHER, JOHN A J
STREET ADDRESS 1629 SUZI STREET
CITY-ST-ZIP PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD HIGGINS 2/20/97 941-495-6212

Date

Daytime Phone # 0000428

CR2E037 (9/96)