

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90081 035 ****61.25

DOCUMENT # N32096

1. Corporation Name

EXXON ANNUITANTS CLUB TAMPA BAY AREA, INC.

Principal Place of Business

C/O DONALD HARRINGTON
1290 GULF BLVD. APT. 1702
CLEARWATER FL 33767
US

Mailing Address

1290 GULF BLVD.
APT. 1702
CLEARWATER FL 33767
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/04/1989

4. FEI Number

59-2965685

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

9. Name and Address of Current Registered Agent

HARRINGTON, DONALD J.
1290 GULF BLVD., APT. 1702
CLEARWATER FL 33767

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 DV
NAME KERR, DALTON
STREET ADDRESS P. O. BOX 58068
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33715

TITLE DS
NAME SPILLET, ALFRED
STREET ADDRESS 1809 REDCOAT LN
CITY-ST-ZIP CLEARWATER FL

TITLE DT
NAME HARRINGTON, DONALD J.
STREET ADDRESS 1290 GULF BLVD., APT. 1702
CITY-ST-ZIP CLEARWATER FL 33767

TITLE DP
NAME CARSON, BARBARA
STREET ADDRESS 5324 MERKIN PLACE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV
1.2 NAME CHARLES KEATOR
1.3 STREET ADDRESS 6650 Sunset Way #215
1.4 CITY-ST-ZIP St. Petersburg Beach, FL 33706

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Donald J. Harrington
DONALD J. HARRINGTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/99
Date

727 595 0830
Daytime Phone #