

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N35242 (9)

1. Corporation Name

EXXON ANNUITANTS CLUB OF NORTHEAST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2933127	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
C/O EDWARD JORGENSEN 2 KINGSLEY CIRCLE ORMOND BEACH FL 32174-6210		C/O EDWARD JORGENSEN 2 KINGSLEY CIRCLE ORMOND BEACH FL 32174-6210	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLAS P. VACCA
104 VEDRA LNDG CT.
PONTE VEDRA BCH FL 32082

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	EDUARDE JORGENSEN	1.2 NAME	
STREET ADDRESS	2 KINGSLEY CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32174	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE PATRICK	2.2 NAME	
STREET ADDRESS	33 MARSH CREEK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ORSI, DOLORES	3.2 NAME	
STREET ADDRESS	104 VEDRA LANDING COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLAS P. VACCA	4.2 NAME	
STREET ADDRESS	104 VEDRA LNDG CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(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 (whichever is applicable) on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

NICHOLAS P. VACCA, TD

3-7-95

Date

(904) 285-2176