


FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35242** (9)  
1. Corporation Name  
**EXXON ANNUITANTS CLUB OF NORTHEAST FLORIDA, INC.**

Principal Place of Business <b>C/O ROBERT MORRISON 137 WINDWARD CIRCLE ORMOND BEACH FL 32176 US</b>	Mailing Address <b>C/O ROBERT MORRISON 137 WINDWARD CIRCLE ORMOND BEACH FL 32176 US</b>
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3. Date Incorporated or Qualified <b>11/14/1989</b>
4. FEI Number <b>59-2933127</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 4003 CATTAIL POND DR JACKSONVILLE, FL 32224</b>	2a. Mailing Address <b>26 4003 CATTAIL POND DR JACKSONVILLE, FL 32224</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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  
**ERDLITZ, ROBERT  
918 CARLOTTA ROAD EAST  
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent  
**81 Name ERDLITZ, ROBERT  
82 Street Address (P.O. Box Number is Not Acceptable)  
7925 MERRILL ROAD, APT 2B15  
83  
84 City JACKSONVILLE FL 85 Zip Code 32277**

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 \_\_\_\_\_ DATE **4/13/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD MORRISON, ROBERT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>137 WINDWARD CIR</b>
STREET ADDRESS	<b>ORMOND BCH FL</b>
CITY - ST - ZIP	
TITLE	<b>VD ERDLITZ, ROBERT</b> <input type="checkbox"/> DELETE
NAME	<b>918 CARLOTTA RD E</b>
STREET ADDRESS	<b>JACKSONVILLE FL</b>
CITY - ST - ZIP	
TITLE	<b>SD ORSI, DOLORES</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>104 VEDRA LANDING COURT</b>
STREET ADDRESS	<b>PONTE VEDRA BCH FL</b>
CITY - ST - ZIP	
TITLE	<b>TD DALY, LILLIAN</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>116 ATWOOD LANE</b>
STREET ADDRESS	<b>ORMOND BCH FL</b>
CITY - ST - ZIP	
TITLE	<b>VP BANAS, DONALD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>10 FEDERAL LANE</b>
STREET ADDRESS	<b>PALM COAST FL</b>
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PD PRALL, HORACE G</b>
1.3 STREET ADDRESS	<b>4003 CATTAIL POND DR</b>
1.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32224</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD ERDLITZ, ROBERT</b>
2.3 STREET ADDRESS	<b>7925 MERRILL ROAD, APT 2B15</b>
2.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32277</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SD BANGE, MARGARET</b>
3.3 STREET ADDRESS	<b>10 FEDERAL LANE</b>
3.4 CITY - ST - ZIP	<b>PALM COAST, FL 32137</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VP MORRISON, ROBERT</b>
4.3 STREET ADDRESS	<b>137 WINDWARD CIRCLE</b>
4.4 CITY - ST - ZIP	<b>ORMOND BCH, FL 32176</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VP BANGE, DONALD</b>
5.3 STREET ADDRESS	<b>10 FEDERAL LANE</b>
5.4 CITY - ST - ZIP	<b>PALM COAST, FL 32137</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE: **Robert Erdlitz** **HORACE G. PRALL PRES. 4/6/98 904 972 9067**

CR2E037 (10/97)