

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26099

Entity Name: EXXONMOBIL GULF COAST ANNUITANT CLUB, INC.**Current Principal Place of Business:**9641 HIGHWAY 97
CENTURY, FL 32535**Current Mailing Address:**2816 DEL RIO ROAD WEST
MOBILE, AL 36693 US**FEI Number:** 63-0917752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COOK., WILLIAM EMR
9641 HIGHWAY 97
CENTURY, FL 32535 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title TREA
Name ECKHOFF, RANDALL HTREASUR
Address 2816 DEL RIO ROAD WEST
City-State-Zip: MOBILE AL 36693

Title D
Name COOK, WILLIAM PAST. P
Address 9641 HIGHWAY 97
City-State-Zip: CENTURY FL 32535

Title D
Name GRAY, BEN DIRECTO
Address 6365 FRANK READER ROAD
City-State-Zip: PENSACOLA FL 32526

Title PRES
Name DONALDSON, RONALD PRESIDE
Address 6607 WILLOWBRIDGE DRIVE
City-State-Zip: FAIRHOPE AL 36532

Title SEC.
Name BRAWNER, MARSHA SEC.
Address 1087 SEABREEZE LANE
City-State-Zip: GULF BREEZE FL 32563

Title D
Name SMITH, RONNIE DIRECTO
Address 500 W. ROACH STREET
City-State-Zip: MC DAVID FL 32568

Title DIRECTOR
Name LAY, WILLIAM DIRECTOR
Address P. O. BOX 35
City-State-Zip: GULF BREEZE FL 32562

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RANDALL H. ECKHOFF

TREASURER

01/09/2014

Electronic Signature of Signing Officer/Director Detail_____
Date