2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26099

Entity Name: EXXONMOBIL GULF COAST ANNUITANT CLUB, INC.

FILED Feb 11, 2025 Secretary of State 1488086937CC

Current Principal Place of Business:

9641 HIGHWAY 97 CENTURY, FL 32535

Current Mailing Address:

1167 KATHLEEN AVE.

CANTONMENT, FL 32533 US

FEI Number: 63-0917752 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROSS, ROGER GENE TREASURER 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: ROGER G. CROSS 02/11/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	DIRECTOR	Title	DIRECTOR
Name	SCOTT, CHARLES	Name	WHITE, RANDY
Address	P.O. BOX 681	Address	19560 OAK CIRCLE
City-State-Zip:	CENTURY FL 32535	City-State-Zip:	SEMINOLE AL 36574

Title DIRECTOR Title DIRECTOR

Name DECKER, REID VP Name HAMILTON, DON

Address 618 LAKEWOOD RD. Address 7350 MEADOW DRIVE SOUTH

City-State-Zip: PENSACOLA FL 32507 City-State-Zip: MOBILE AL 36619

SECRETARY Title Title **TREASURER** Name HALFTOWN, JEFF CROSS, ROGER GENE Name Address 9011 BELLINGTON RD. Address 1167 KATHLEEN AVE. City-State-Zip: PENSACOLA FL 32534 City-State-Zip: CANTONMENT FL 32533

Title VP Title PAST PRESIDENT

Name ZAJAC, CHRIS Name HAIGLER JR., ALVIN HAYNE

Address 1605 BALIHAI CT. Address 2329 MAJESTIC DR.

City-State-Zip: GULF BREEZE FL 32563 City-State-Zip: PENSACOLA FL 32534

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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: ROGER GENE CROSS TREASURER 02/11/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title PRESIDENT

NameHALFTOWN, SHERRILLAddress9011 BELLINGTON RD.City-State-Zip:PENSACOLA FL 32534