

2024 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:**6255 PINE TERRACE CIRCLE
MILTON, FL 32570 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 DIRECTOR
Name SCOTT, CHARLES
Address P.O. BOX 681
City-State-Zip: CENTURY FL 32535

Title DIRECTOR
Name COOK, WILLIAM
Address 9641 HIGHWAY 97
City-State-Zip: CENTURY FL 32535

Title DIRECTOR
Name MC CARTY, DODD VP
Address P.O. BOX 398
City-State-Zip: LOXLEY AL 36551

Title DIRECTOR
Name HAMILTON, DON
Address 7350 MEADOW DRIVE SOUTH
City-State-Zip: MOBILE AL 36619

Title TREASURER
Name WILLIAMS, MICHAEL
Address 6255 PINE TERRACE CIR.
City-State-Zip: MILTON FL 32570

Title SECRETARY
Name HALFTOWN, JEFF
Address 9011 BELLINGTON RD.
City-State-Zip: PENSACOLA FL 32534

Title VP
Name MAYNARD, GEORGE
Address 332 LAURAL DR
City-State-Zip: GULF BREEZE AL 32563

Title PRESIDENT
Name HAIGER JR., ALVIN HAYNE
Address 2329 MAJESTIC DR.
City-State-Zip: PENSACOLA FL 32534

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: MICHAEL L WILLIAMS**TREASURER****02/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date