

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28626

FILED  
Jan 12, 2010  
Secretary of State

**Entity Name:** EXXONMOBIL RETIREES CLUB OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

EDWARD L. PRESTON  
6040 SW 64 AVE  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

EDWARD L. PRESTON  
6040 SW 64 AVE  
MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:** 65-0106043      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRESTON, EDWARD L  
6040 SW 64 AVE  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MCCANN, PETER  
Address: 5820 SW 87 STREET  
City-St-Zip: MIAMI, FL 33143

Title: S  
Name: ALEXANDER, LYNDIA  
Address: 836 SW 154 COURT  
City-St-Zip: MIAMI, FL 33194

Title: D  
Name: GONZAGA, FRED  
Address: 15440 SW 80 AVE.  
City-St-Zip: MIAMI, FL 33157

Title: T  
Name: PRESTON, EDWARD L  
Address: 6040 SW 64 AVE  
City-St-Zip: MIAMI, FL 33143

Title: D  
Name: HACKETT, ROBERT  
Address: 16600 SW 82ND AVE  
City-St-Zip: MIAMI, FL 33157

Title: P  
Name: GUERRA, ODETTE  
Address: 7711 SW 102 PLACE  
City-St-Zip: MIAMI, FL 33173

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: EDWARD L. PRESTON

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01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date