## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17469

FILED Feb 13, 2009 Secretary of State

Entity Name: EXXONMOBIL SUNCOAST RETIREE CLUB, INC.

**Current Principal Place of Business:** New Principal Place of Business: C/O STANLEY M ROBERTSON, II C/O STANLEY M ROBERTSON, II 7187 DEL LAGO DRIVE 7187 DEL LAGO DRIVE SARASOTA, FL 342384524 US SARASOTA, FL 34238-452 US **Current Mailing Address:** New Mailing Address: C/O STANLEY M ROBERTSON, II C/O STANLEY M ROBERTSON, II 7187 DEL LAGO DRIVE 7187 DEL LAGO DRIVE SARASOTA, FL 342384524 US SARASOTA, FL 34238-452 US FEI Number: 59-2190021 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTSON, STANLEY M., II ROBERTSON, STANLEY MII 7187 DEL LAGO DRIVE 7187 DEL LAGO DRIVE SARASOTA, FL 34238 SARASOTA, FL 34238-452 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: STANLEY M. ROBERTSON, II 02/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FURLONG, LOUIS E Name: Name: 1465 LANDING CIR. Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: Title: ( ) Delete () Change () Addition SOKOLASH, ANNETTE R Name: Name: Address: 6819 COYOTE RIDGE CT. Address: City-St-Zip: UNIVERSITY PARK, FL 34201 City-St-Zip: Title: () Delete Title: () Change () Addition BERMANN, CLIFFORD P Name: Name: 3240 LAKE POINT BLVD 324 Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: (X) Change ( ) Addition Title: DS () Delete Title: DS Name: BAISLEY, JANE Name: BAISLEY, JANE 5343 FLICKER FIELD CIRCLE Address: Address: 401 S. PALM AVENUE City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34236 Title: Title: DT () Delete () Change () Addition NEWTON, DONALD Name: Name: 4210 CADDLE DR E. #206 Address: Address: City-St-Zip: BRADENTON, FL 34203 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition DAVID. SAMUEL Name: Name: Address: Address: 9312 17TH AVENUE., N.W. BRADENTON, FL 34209-815 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOUIS E. FURLONG PRES 02/13/2009