

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90006 026 ****61.25

DOCUMENT # N25051

1. Entity Name

EXXON-MOBILE RETIREE CLUB OF THE GOLD COAST INC.



Principal Place of Business

2895 NE 32ND STREET
FORT LAUDERDALE FL 33306
US

Mailing Address

2895 NE 32ND STREET
FORT LAUDERDALE FL 33306
US

34004325

2. Principal Place of Business

5915 PARKWALK CIR. WEST

Suite, Apt. #, etc.

3. Mailing Address

5915 PARKWALK CIR. WEST

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

59-2352193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNN, FRANK J.
2895 NE 32ND ST
204
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name **DORIS ZOBAL**

Street Address (P.O. Box Number is Not Acceptable)

5915 PARKWALK CIRCLE WEST

City **BOYNTON BEACH**

FL

Zip Code **33437**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DORIS ZOBAL

X *Doris B. Zobal*

X 2-3-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GEMMELL, THOMAS**
STREET ADDRESS **3198 NE 7TH DR.**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VP** ☐ Delete
NAME **DUNN, FRANK**
STREET ADDRESS **2895 NE 32ND STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE **D** ☐ Delete
NAME **POWERS, ELEANOR**
STREET ADDRESS **401 SW 7TH AVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ Delete
NAME **ZOBAL, DORIS** **PARKWALK**
STREET ADDRESS **5915 (PKWY) CIR. WEST**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Delete
NAME **HOLMES, JOANNETTE** **JEANNETTE**
STREET ADDRESS **1015 NW 6TH TERR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **T** ☐ Delete
NAME **ABBATIELLO, MARY** **HYTEA A**
STREET ADDRESS **2006 HYTEA CENTER VILLAGE**
CITY-ST-ZIP **BOCA RATON FL 33434** **C. VILLAGE W.**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X *Mary Abbatiello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-3-04

Date

561-487-4819

Daytime Phone #