2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90039 035 ****61.25

DOCUMENT # N25051

1. Entity Name
EXXON-MOBILE RETIREE CLUB OF THE GOLD COAST INC.

40017366

01062005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
5915 PARKWALK CIR WEST BOYNTON BEACH, FL 33437 US	5915 PARKWALK CIR WEST BOYNTON BEACH, FL 33437 US

2. Principal Place of Business	3. Mailing Address
5915 PARKWALK CIR WEST	5915 PARKWALK CIR WEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYTON BEACH FLA.	City & State: Boyton Beach FL.
Zip: 33437 Country: Palm Beach	Zip: 33437 Country: Palm Beach

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	7. Name and Address of New Registered Agent
ZOBAL, DORIS 5915 PARKWALK CIR W 204 BOYNTON BEACH, FL 33437	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 — Doris B. Zobal — 2-8-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GEMMELL, THOMAS 3198 NE 7TH DR. BOCA RATON, FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ZOBAL, DORIS 5915 PKWALK CIR W. BOYNTON BEACH, FL 33437	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DUNN, FRANK 2895 NE 32ND STREET FORT LAUDERDALE, FL 33306	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP POWERS, ELEANOR 401 SW 7TH AVE BOCA RATON, FL 33486	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS, ELEANOR 401 SW 7TH AVE BOCA RATON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENDERSON, GORDON 5130 SW 40TH AVE, APT 9B FT. LAUDERDALE, FL 33314	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZOBAL, DORIS 5915 PKWALK CIR W. BOYNTON BEACH, FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McCALIP, ROSE 525 NW 53RD STREET BOCA RATON, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLMES, JEANNETTE 1015 NW 6TH TERR BOCA RATON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GEMMELL, THOMAS 3198 NE 7TH DR. BOCA RATON, FL 33431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ABBATIELLO, MARY 2006 HYTHE A C. VILLAGE W. BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Doris B. Zobal — 1-25-05 — 561-736-6853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #