## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N25051

FILED Jan 10, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 5915 PARKWALK CIRCLE WEST BOYNTON BEACH, FL 33437 **Current Mailing Address: New Mailing Address:** 5915 PARKWALK CIRCLE WEST BOYNTON BEACH, FL 33437 US FEI Number: 59-2352193 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZOBAL, DORIS 5915 PARKWALK CIR W 204 BOYNTON BEACH, FL 33437 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition GEMMELL, THOMAS Name: GEMMELL, THOMAS Name: 3198 NE 7TH DR. Address: 3198 NE 7TH DR. Address: BOCA RATON, FL 33431 City-St-Zip: City-St-Zip: BOCA RATON, FL 33431 Title: Title: ( ) Delete () Change () Addition HENDERSON, GORDON Name: Name: Address: 5130 SOUTHWEST 40TH AVENUE #98 Address: City-St-Zip: FORT LAUDERDALE, FL 33314 City-St-Zip: Title: () Delete Title: () Change () Addition POWERS, ELEANOR Name: Name: Address: 401 SW 7TH AVE Address: City-St-Zip: BOCA RATON, FL City-St-Zip: Title: Title: () Change () Addition ( ) Delete Name: ZOBAL, DORIS Name: 5915 PKWALK CIR W. Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: Title: () Delete Title: () Change () Addition MCCALIP, ROSE Name: Name: 525 NORTHWEST 53RD STREET Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: () Delete Title: () Change () Addition ABBATIELLO, MARY Name: Name: Address: 2006 HYTHE A C. VILLAGE W. Address: BOCA RATON, FL 33434 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS M. GEMMELL S/D 01/10/2006