

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25051

FILED
Jan 29, 2008
Secretary of State

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

Current Principal Place of Business:

5915 PARKWALK CIRCLE WEST
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

5915 PARKWALK CIRCLE WEST
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 59-2352193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOBAL, DORIS
5915 PARKWALK CIR W
204
BOYNTON BEACH, FL 33437 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 () Delete
Name: GEMMELL, THOMAS M MR.
Address: 3198 NE 7TH DR.
City-St-Zip: BOCA RATON, FL 33431

Title: S () Delete
Name: GOLDEN, DOROTHY
Address: 250 N.E. 20TH STREET
City-St-Zip: BOCA RATON, FL 33431

Title: V () Delete
Name: POWERS, ELEANOR
Address: 401 SW 7TH AVE
City-St-Zip: BOCA RATON, FL

Title: P () Delete
Name: ZOBAL, DORIS
Address: 5915 PKWALK CIR W.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: MCCALIP, ROSE
Address: 525 NORTHWEST 53RD STREET
City-St-Zip: BOCA RATON, FL 33487

Title: T () Delete
Name: ABBATIELLO, MARY
Address: 2006 HYTHE A C. VILLAGE W.
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: THOMAS M GEMMELL

D

01/29/2008

Electronic Signature of Signing Officer or Director

Date