

# 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