


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90050 035 ****61.25

DOCUMENT # N26150 1. Entity Name EXXONMOBIL RETIREE CLUB OF CENTRAL FLORIDA INC.					
Principal Place of Business 305 RIVERBEND BLVD. LONGWOOD, FL 32779-2307 US				Mailing Address 305 RIVERBEND BLVD. LONGWOOD, FL 32779-2307 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TICE, RICHARD H 2206 OAKVIEW CIRCLE P O BOX 123 ST CLOUD, FL 34769				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 _____					
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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROALD, OLSEN		NAME		
STREET ADDRESS	3184 CALGARY ST.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRINGTON, JAMES W.		NAME		
STREET ADDRESS	435 CATAMARAN DR. UNIT 59		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRASER, WILFORD W		NAME		
STREET ADDRESS	305 RIVERBEND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 327792307		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TICE, RICHARD H		NAME		
STREET ADDRESS	2206 OAKVIEW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOSTRAND, VIVIAN S		NAME		
STREET ADDRESS	101 N GRANDVIEW STREET- ATP 110		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, PATRICA W.		NAME		
STREET ADDRESS	140 SPRING COVE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL		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: <i>Wilford W Fraser</i>			WILFORD W FRASER 1/6/04 401 788-1007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		