## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N26150

FILED Feb 01, 2009 Secretary of State

Entity Name: EXXONMOBIL RETIREE CLUB OF CENTRAL FLORIDA INC.

**Current Principal Place of Business: New Principal Place of Business:** 305 RIVERBEND BLVD LONGWOOD, FL 327792307 US **Current Mailing Address: New Mailing Address:** 305 RIVERBEND BLVD LONGWOOD, FL 327792307 US FEI Number: 59-2226547 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: TICE, RICHARD H TICE, RICHARD H 2206 OAKVIEW CIRCLE 2206 OAKVIEW CIRCLE P O BOX 123 ST CLOUD, FL 34769 US ST CLOUD, FL 34769 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: 02/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition HEILEMAN, MICHAEL Name: Name: 1055 KENSINGTON PARK #406 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HARRINGTON, JAMES W., Name: HARRINGTON, JAMES W., Name: Address: 435 CATAMARAN DR. UNIT 59 Address: 435 CATAMARAN DR. UNIT 59 City-St-Zip: MERRITT ISLAND, FL City-St-Zip: MERRITT ISLAND, FL 32952 Title: () Delete Title: () Change () Addition FRASER, WILFORD W Name: Name: 305 RIVERBEND BLVD. Address: Address: City-St-Zip: LONGWOOD, FL 327792307 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TICE, RICHARD H Name: Name: TICE, RICHARD H 2206 OAKVIEW CIRCLE 2206 OAKVIEW CIRCLE Address: Address: City-St-Zip: ST CLOUD, FL City-St-Zip: ST CLOUD, FL 34769 Title: ( ) Delete Title: (X) Change ( ) Addition NOSTRAND, VIVIAN S NOSTRAND, VIVIAN S Name: Name: 101 N GRANDVIEW STREET- ATP 110 101 N GRANDVIEW STREET- ATP 110 Address: Address: City-St-Zip: MOUNT DORA, FL City-St-Zip: MOUNT DORA, FL 327573271 Title: ( ) Delete Title: () Change () Addition DOUGLAS, PATRICA W., Name: Name: Address: 140 SPRING COVE TRAIL Address: ALTAMONTE SPRINGS, FL City-St-Zip: 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: WILFORD W. FRASER MR 02/01/2009