

2004-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90006 015 ****61.25

DOCUMENT # N28626

1. Entity Name

EXXONMOBIL RETIREES CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business

**ROBERT HACKETT
16600 SW 82ND AVE
MIAMI FL 33157
US**

Mailing Address

**ROBERT HACKETT
16600 SW 82ND AVE
MIAMI FL 33157
US**

54017600



MOORE CR2E037 (11/03)

2. Principal Place of Business

BILL PACE

Suite, Apt. #, etc.

16037 SW 74 PL

City & State

MIAMI, FL

Zip

33157-3852

Country

USA

3. Mailing Address

BILL PACE

Suite, Apt. #, etc.

16037 SW 74 PL

City & State

MIAMI, FL

Zip

33157-3852

Country

USA

4. FEI Number

65-0106043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HACKETT, ROBERT
16600 SW 82ND AVE
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name

BILL PACE

Street Address (P.O. Box Number is Not Acceptable)

16037 SW 74 PL

City

MIAMI

FL

Zip Code

33157-3852

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

William A. Pace

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/9/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **PRAT, JOHN**
STREET ADDRESS **5561 SW 7TH ST.**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☐ Delete
NAME **BARTOLOMEU, SARAH**
STREET ADDRESS **8220 SW 89TH STREET**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Delete
NAME **GONZAGA, FRED**
STREET ADDRESS **15440 SW 80 AVE.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
NAME **BRANNAR, VIVIAN**
STREET ADDRESS **7090 SW 55TH TERRACE WEST**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Delete
NAME **HACKETT, ROBERT**
STREET ADDRESS **16600 SW 82ND AVE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
NAME **MARLANE, ELIZABETH**
STREET ADDRESS **5876 SW 77 TERR.**
CITY-ST-ZIP **MIAMI FL 33143**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **PETER MCLENN**
STREET ADDRESS **5820 SW 87 STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **S** ☐ Change ☒ Addition
NAME **WALTER FITZGERALD**
STREET ADDRESS **770 HERITAGE DRIVE**
CITY-ST-ZIP **WILSON, FL 33326**

TITLE **VP** ☐ Change ☒ Addition
NAME **ARMANDO POLO**
STREET ADDRESS **1510 SW 139 AVE**
CITY-ST-ZIP **MIAMI FL 33184-2711**

TITLE **D** ☐ Change ☒ Addition
NAME **JORGE MUELLE**
STREET ADDRESS **155 OCEAN LANE DRIVE #215**
CITY-ST-ZIP **KEY BISCAYNE**

TITLE **T** ☐ Change ☒ Addition
NAME **BILL PACE**
STREET ADDRESS **16037 SW 74 PL**
CITY-ST-ZIP **MIAMI FL 33157-3852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

William A. Pace (William A. Pace)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04

DATE

305-233-6083

DAYTIME PHONE #