

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90066 002 ****61.25

DOCUMENT # N28626

1. Entity Name
EXXONMOBIL RETIREES CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business
ODETTE GUERRA
7711 SW 102 PLACE
MIAMI, FL 33173 US

Mailing Address
ODETTE GUERRA
7711 SW 102 PLACE
MIAMI, FL 33173 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Edward L. Preston
Suite, Apt. #, etc.
6040 SW 64 Av

Edward L. Preston
Suite, Apt. #, etc.
6040 SW 64 Av

City & State
Miami, FL

City & State
Miami, FL

Zip
33143

Country
USA

Zip
33143

Country
USA

04102007

Chg-NP

CR2E037 (12/06)

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

GUERR, ODETTE
7711 SW 102 PLACE
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name **Edward L. Preston**

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

6040 SW 64 Av

City **Miami**

FL

Zip Code
33143

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

Edward L. Preston

Edward L. Preston

4/11/07

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, 2007

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 **MCCANN, PETER**
STREET ADDRESS **5820 SW 87 STREET**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **VP** ☒ Delete
NAME **BARTOLOMEO, 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 **BENNAR, 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 **T** ☐ Delete
NAME **GUERRA, ODETTE**
STREET ADDRESS **7711 SW 102 PLACE**
CITY-ST-ZIP **MIAMI, FL 33173**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **Jorge Guzman**
STREET ADDRESS **7500 SW 162 St**
CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Edward L. Preston**
STREET ADDRESS **6040 SW 64 Av**
CITY-ST-ZIP **Miami, FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Edward L. Preston

Edward L. Preston

4/11/07 305 668-9825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #