

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N28626

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



Principal Place of Business

**EDWARD L. PRESTON
6040 SW 64 AVE
MIAMI, FL 33143 US**

Mailing Address

**EDWARD L. PRESTON
6040 SW 64 AVE
MIAMI, FL 33143 US**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP

CR2E037 (4/06)

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

**PRESTON, EDWARD L
6040 SW 64 AVE
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GUZMAN, JORGE
7500 SW 162 ST
MIAMI, FL 33157**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PRESTON, EDWARD L
6040 SW 64 AVE
MIAMI, FL 33143**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GUERRA, ODETTE
7711 SW 102 PLACE
MIAMI, FL 33173**

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01/25/08-80002-023 61.25

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IN THIS SPACE**

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 1/22/08 305-807-3937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #