

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N35242

1. Entity Name
**EXXONMOBIL RETIREE CLUB OF NORTHEAST
FLORIDA, INC.**



Principal Place of Business
**4003 CATTAIL POND DR
JACKSONVILLE, FL 32224 US**

Mailing Address
**4003 CATTAIL POND DR
JACKSONVILLE, FL 32224 US**



01102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2933127

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRALL, HORACE G
4003 CATTAIL POND DR.
JACKSONVILLE, FL 32224**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PRALL, DONA M
STREET ADDRESS	4003 CATTAIL POND DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	TD
NAME	GRUPE, JOHN
STREET ADDRESS	95179 SPRING BLOSSOM LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	SD
NAME	HANNA, ROBERT C JR
STREET ADDRESS	2629 LIGHTHOUSE COVE PLACE
CITY-ST-ZIP	POINTE VEDRA BEACH, FL 32082
TITLE	VD
NAME	COOPER, WILLIAM
STREET ADDRESS	10321 N HEATHER GLEN DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VD
NAME	PRALL, HORACE
STREET ADDRESS	4003 CATTAIL POND DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	VD
NAME	DAVITT, KATHLEEN
STREET ADDRESS	4561 COQUINA CROSSING DR.
CITY-ST-ZIP	ELKTON, FL 32033

U00000385014
01/17/06-80037-024 61.25

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

John D. Grube **John D. Grube - Treasurer** **Jan. 11, 2006** **(904) 277-9670**