

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000861

FILED  
Jan 14, 2007  
Secretary of State

**Entity Name:** EXXONMOBIL TREASURE COAST RETIREES CLUB, INC.

**Current Principal Place of Business:**

636 SW LAKE CHARLES CIRCLE  
PORT ST. LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

636 SW LAKE CHARLES CIRCLE  
C/O RONALD G. FORREST  
PORT ST. LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:** 65-0767297      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORREST, RONALD G  
636 SW LAKE CHARLES CIRCLE  
PORT ST. LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HUNGER, RICK  
Address: 7698 WEXFORD WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D ( ) Delete  
Name: KEHLEH, ARTHUR W  
Address: 2221 SW STARLING DR  
City-St-Zip: PALM CITY, FL 34990

Title: S ( ) Delete  
Name: HAMILTON, SNOW  
Address: 314 OTTAWA WAY  
City-St-Zip: FORT PIERCE, FL 34986

Title: D ( ) Delete  
Name: MELINSKY, EDWARD  
Address: 825 NW SORRENTO WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Delete  
Name: KELLY, LOIS  
Address: 4688 SE COPPERWOOD TERR  
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete  
Name: SMITHERS, HENRY  
Address: 5207 SE SEA ISLAND WAY  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: POULIN, LAURA  
Address: 18600 MISTY LAKE DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: POULIN, CLAUDE  
Address: 18600 MISTY LAKE DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD G. FORREST

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01/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date