

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000861

FILED
Jan 11, 2008
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: POULIN, LAURA
Address: 18600 MISTY LAKE DRIVE
City-St-Zip: JUPITER, FL 33458

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

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

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: VP (X) Change () Addition
Name: HUNGER, RICK
Address: 7698 WEXFORD WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

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

Title: S (X) Change () Addition
Name: FORREST, CAROL JEAN
Address: 636 SW LAKE CHARLES CIRCLE
City-St-Zip: PORT ST., FL 34986

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

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

Title: T (X) Change () Addition
Name: HAMMERBACHER, JOHN
Address: 6315 AMES WAY
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify 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

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

Date