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

## **DOCUMENT # N04000000401**

1. Entity Name
THE III PITER FLORIDA CHAPTER OF THE EXPLORERS



Feb 24, 2006 8:00 am Secretary of State 02-24-2006 90004 028 \*\*\*\*70.00

FILED

CLUB, IN	C.	THE EXTENSION							
Principal Place of Business C/O ROSEMARY W. TWINAM 7231 SW 174TH STREET MIAMI, FL 33157-6304		Mailing Address C/O ROSEMARY W. TWINAM 7231 SW 174TH STREET MIAMI, FL 33157-6304		٠	1 2000/201 ibil Dolle I	KPN 2011 BEN GON	<b>an</b> je obili odni	žišk seivi ni	BHE! E! 1981
2. Principal P	face of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02182006 Cr	ig-NP	CR2E037	(11/05)	
City & State		City & State			4. FEI Number 58-267962			Ar	oplied For
Zip	Country	Zip	Country		5. Certificate of St	<del></del>		8.75 Add	
	6. Name and Address of Current I	Registered Agent			7. Name and Add	ress of New Re			9
The second secon							-		÷ .
TWINAM, ROSEMARY W 7231 SW 174TH STREET		Street Address		ddress (F	P.O. Box Number is I	Not Acceptable)			
MIAMI, FL	33157-6304								
; ;			City			*	FL	Zip Cod	le
	named entity submits this statement for	the purpose of changing its re	gistered office or	r registere	ed agent, or both, in	the State of Flor	ida. I am fa	miliar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE .	• .								
OIGHT TOTAL	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	legistered Agent signat	beniupen enur	when reinstating)		DATE		
			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
·	Filing Fee is \$61.25 Due by May 1, 2006				\$5.00 May Be Added to Fees				
10	Due by May 1, 2006	Trust Fund Co		LJ	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florid	da Departr	nent of S	tate
TITLE	Due by May 1, 2006 OFFICERS AND DIR	Trust Fund Co	11.	LJ	Added to Fees ADDITIONS/CHANG	Florid ES TO OFFICER	da Departn S AND DIRE	CTORS IN	tate
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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: