


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

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000000401 1. Entity Name THE JUPITER FLORIDA CHAPTER OF THE EXPLORERS CLUB, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-2679626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TWINAM, ROSEMARY W
7231 SW 174TH STREET
MIAMI, FL 33157-6304**

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 01/24/08-80024-007 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TWINAM, ROSEMARY W 7231 SW 174TH ST MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENRIGHT, RICHARD E 1463 TROON CIRCLE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARZEN, STEFAN E DR. 5905 STONEWOOD COURT JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Rosemary W. Twinam **1/17/2008 305-233-3770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #