2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N37646

Entity Name: JUPITER INLET OFFSHORE FISHING CLUB, INC.

Current Principal Place of Business:

8936 SE BAHAMA CIRCLE
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

P O BOX 3088
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 65-0187534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEINMETZ, KIMBERLY
8936 SE BAHAMA CIRCLE
HOBE SOUND, FL 33455 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:	DVP	( ) Delete
Name:	PEPIN, DON	
Address:	6875 CYPRESS COVE CIRCLE	
City-St-Zip:	JUPITER, FL 33458	
Title:	D	( ) Delete
Name:	PERSONS, H. WILLIAM	
Address:	175 RIDGE ROAD	
City-St-Zip:	JUPITER, FL 33477	
Title:	D	( ) Delete
Name:	LAFAVE, RYAN	
Address:	133 ROCKINGHAM RD.	
City-St-Zip:	JUPITER, FL 33458	
Title:	PD	( ) Delete
Name:	GOLDMAN, BILL	
Address:	277 SEABREEZE CIRCLE	
City-St-Zip:	JUPITER, FL 33477	
Title:	TS	( ) Delete
Name:	STEINMETZ, KIMBERLY	
Address:	8936 SE BAHAMA CIRCLE	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	DP	( ) Delete
Name:	LAFAVE, SCOTT	
Address:	133 ROCKINGHAM ROAD	
City-St-Zip:	JUPITER, FL 33458	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KIMBERLY STEINMETZ TS 02/17/2009

Electronic Signature of Signing Officer or Director — Date