

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 23, 2011
Secretary of State

DOCUMENT# 700393

Entity Name: JACKSONVILLE SAIL AND POWER SQUADRON, INC.**Current Principal Place of Business:**4655 ORTEGA FARMS CIRCLE
JACKSONVILLE, FL 32210**New Principal Place of Business:****Current Mailing Address:**4655 ORTEGA FARMS CIRCLE
JACKSONVILLE, FL 32210**New Mailing Address:**1210 HIDEAWAY DR N
FRUIT COVE, FL 32259**FEI Number:** 59-6138222**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANDERSON, THOMAS J
4655 ORTEGA FARMS CIRCLE
JACKSONVILLE, FL 32210 US**Name and Address of New Registered Agent:**TOMMASULO, JOHN C
1210 HIDEAWAY DR N
FRUIT COVE, FL 32259 US

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: JOHN C TOMMASULO

02/23/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR
Name: ANDERSON, THOMAS
Address: 4655 ORTEGA FARMS CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MR
Name: SUBER, JIM
Address: 12846 WANDA LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: MR
Name: RODELY, DONALD N
Address: 2649 PINEWOOD BLVD E
City-St-Zip: MIDDLEBURG, FL 32086

Title: MR
Name: TOMMASULO, JOHN C
Address: 1210 HIDEAWAY DR N
City-St-Zip: FRUIT COVE, FL 32259

Title: MR
Name: MILLER, EDWIN B
Address: 411 WALNUT ST #874
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby 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 all other like empowered.

SIGNATURE: JOHN C TOMMASULO

TRS

02/23/2011

Electronic Signature of Signing Officer or Director

Date