


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 701296</b> 1. Entity Name <b>PROPELLER CLUB INC</b>					
Principal Place of Business <b>620 S. MERIDIAN STREET ROOM 235 TALLAHASSEE, FL 32399-1600</b>				Mailing Address <del>620 S. MERIDIAN STREET</del> <del>ROOM 235</del> <del>TALLAHASSEE, FL 32399-1600</del>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>Post Office Box 3112</b>  Suite, Apt. #, etc.  City & State <b>TALLAHASSEE, FL</b>  Zip                      Country <b>32315                      U.S.</b>			
		4. FEI Number <b>59-6140262</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIDD, CLIFFORD S 620 S. MERIDIAN STREET ROOM 235 TALLAHASSEE, FL 32399-1600</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELLINGSEN, DONALD N. 620 S. MERIDIAN STREET TALLAHASSEE, FL 323991600	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000035734820</b> <b>05/07/04--01020--013 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KIDD, CLIFFORD S 620 S. MERIDIAN STREET TALLAHASSEE, FL 323991600	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHELPER, L.W. 620 S. MERIDIAN STREET TALLAHASSEE, FL 323991600	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <u>Clifford S Kidd</u> - CLIFFORD S. KIDD    4/21/04    850/488-5600</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					

FILED  
04 APR 28 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04152004    Chg-NP    CR2E037 (10/03)