

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 701296

1. Entity Name
PROPELLER CLUB INC



Principal Place of Business
620 S. MERIDIAN STREET
ROOM 235
TALLAHASSEE, FL 32399-1600

Mailing Address
P.O. BOX 3112
TALLAHASSEE, FL 32315

FILED

07 APR 30 AM 10:14

CLERK OF STATE
TALLAHASSEE, FLORIDA



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-6140262

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KIDD, CLIFFORD S
620 S. MERIDIAN STREET
ROOM 235
TALLAHASSEE, FL 32399-1600

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ELLINGSEN, DONALD N.
620 S. MERIDIAN STREET
TALLAHASSEE, FL 323991600

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
KIDD, CLIFFORD S
620 S. MERIDIAN STREET
TALLAHASSEE, FL 323991600

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SHELFER, L.W.
620 S. MERIDIAN STREET
TALLAHASSEE, FL 323991600

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600101630086
05/07/07--01004--013 **61.25

**DO NOT WRITE
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

L.W. Shelfer
L.W. SHELFER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-07 (850) 488-5600
Date Daytime Phone #