



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 701296 1. Entity Name PROPELLER CLUB INC	
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Principal Place of Business 620 S. MERIDIAN STREET ROOM 235 TALLAHASSEE, FL 32399-1600	Mailing Address P.O. BOX 3112 TALLAHASSEE, FL 32315
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DO NOT WRITE IN THIS SPACE

FILED
08 APR 15 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6140262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
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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 re-registering) DATE

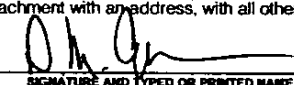
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELLINGSEN, DONALD N. 620 S. MERIDIAN 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	

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800123586388
04/16/08--01003--002 **61.25

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:  **04-15-08 850-539-9191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #