2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711061

FILED Jun 23, 2009 Secretary of State

Entity Name: BANANA RIVER SAIL AND POWER SQUADRON, INC.

Current Principal Place of Business: New Principal Place of Business:

290 PARADISE BLVD 1877 ROCKLEDGE DR #36 ROCKLEDGE, FL 32955

INDIALANTIC, FL 32903

Current Mailing Address: New Mailing Address:

290 PARADISE BLVD 1877 ROCKLEDGE DR #36 ROCKLEDGE, FL 32955

INDIALANTIC, FL 32903

FEI Number: 59-6132611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOFMANN, ERNST G HIXENBAUGH, JOHN D MR
290 PARADISE BLVD 1877 ROCKLEDGE DR
#36 ROCKLEDGE, FL 32955 US

INDIALANTIC, FL 32903 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 D HIXENBAUGH 06/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 TD
 () Delete
 Title:
 TD
 (X) Change () Addition

 Name:
 HOFMANN, ERNST G
 Name:
 HIXENBAUGH, JOHN D

Address: 290 PARADISE BLVD #36 Address: 1877 ROCKLEDGE DR
City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: ROCKLEDGE, FL 32955

Title: PD () Delete Title: () Change () Addition

 Name:
 HIXENBAUGH, LUCY A
 Name:

 Address:
 1877 ROCKLEDGE DR
 Address:

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 HESS-BENSON, CAROLYN T
 Name:
 HOFMANN, ERNST G

 Address:
 7777 N WICKHAM RD #12-316
 Address:
 290 PARADISE BLVD NO 36

 City-St-Zip:
 MELBOURNE, FL 32940
 City-St-Zip:
 INDIALANTIC, FL 32903

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: ERNST G HOFMANN SD 06/23/2009