

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002712

FILED
Apr 29, 2009
Secretary of State

Entity Name: TSS YOUTH SAILING, INC.

Current Principal Place of Business:

1250 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

1250 APOLLO BEACH BLVD
APOLLO BEACH, FL 335723000 US

Current Mailing Address:

PO BOX 3211
APOLLO BEACH, FL 335721001 US

New Mailing Address:

FEI Number: 59-3643423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORDE, RICHARD A TREAS
3813 BENT TREE LOOP EAST
LAKELAND, FL 338131302 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHAW, ROBERT
Address: 802 CHIPAWAY DRIVE
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: DT () Delete
Name: BORDE, RICHARD
Address: 3813 BENT TREE LOOP E
City-St-Zip: LAKELAND, FL 33813 US

Title: D () Delete
Name: BISHOP, SUSAN
Address: 3819 HWY 579
City-St-Zip: WIMAUMA, FL 33598 US

Title: DS () Delete
Name: SHEA, KATHRYN B
Address: 6348 COCOA LANE
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: D () Delete
Name: SIELE, WILLIAM
Address: 635 JAMAICA CIRCLE
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: D () Delete
Name: SHERWOOD, ELLIE
Address: 1507 DEDHAM DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD A. BORDE

D/T

04/29/2009

Electronic Signature of Signing Officer or Director

Date