

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03973

FILED
Apr 26, 2007
Secretary of State

Entity Name: PROPELLER CLUB OF UNITED STATES PORT OF TAMPA, INC.

Current Principal Place of Business:

1101 CHANNELSIDE DRIVE
3 FLOOR
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 76985
TAMPA, FL 33675 US

New Mailing Address:

FEI Number: 59-2424874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERLIN, WILLIAM F
3014 W FAIR OAKS AVENUE
TAMPA, FL 336111641 US

Name and Address of New Registered Agent:

LINTHICUM, BURT CPA
1101 CHANNELSIDE DR.
TAMPA, FL 33602 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: C. BURT LINTHICUM

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MERLIN, WILLIAM F
Address: E 3014 FAIR OAKS AVENUE
City-St-Zip: TAMPA, FL 336111641

Title: S () Delete
Name: ORTIZ, ELISABETH A
Address: DIVERSIFIED ENVIRONMENTAL SERVICES
City-St-Zip: TAMPA, FL 33605

Title: P () Delete
Name: HUMPHREYS, TAD J
Address: 1616 PENNY ST.
City-St-Zip: TAMPA, FL 33605

Title: COB () Delete
Name: MASTERS, GENE R
Address: ASH ENGINEERING, INC.
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LINTHICUM, BURT C
Address: 1101 CHANNELSIDE DR.
City-St-Zip: TAMPA, FL 33602

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

Title: P (X) Change () Addition
Name: HAGNER, THOMAS R
Address: 302 KNIGHTS RUN AVENUE, SUITE 1200
City-St-Zip: TAMPA, FL 33602

Title: COB (X) Change () Addition
Name: HUMPHREYS, TAD J
Address: INTERNATIONAL SHIP REPAIR
City-St-Zip: TAMPA, FL 33605

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: C. BURT LINTHICUM

T

04/26/2007

Electronic Signature of Signing Officer or Director

Date