

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03973

FILED
Apr 21, 2008
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:

P.O. BOX 76985
TAMPA, FL 33675 US

FEI Number: 59-2424874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINTHICUM, BURT CPA
1101 CHANNELSIDE DR.
TAMPA, FL 33602 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: T () Delete
Name: LINTHICUM, BURT C
Address: 1101 CHANNELSIDE DR.
City-St-Zip: TAMPA, FL 33602

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: COB (X) Change () Addition
Name: KOBOSKY, RON
Address: 12839 WYANDOTTE RD.
City-St-Zip: GIBSONTOWN, FL 33534 US

Title: PRES (X) Change () Addition
Name: LAFON, MARK
Address: LIVING SOIL SOLUTIONS
City-St-Zip: P.O. BOX 3529, FL 33572

Title: VP () Change (X) Addition
Name: AUSTIN, ANTHONY
Address: 4118 PENDOLA PT. RD
City-St-Zip: TAMPA, FL 33619 US

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, CPA

TREA

04/21/2008

Electronic Signature of Signing Officer or Director

Date