

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03973

FILED  
Mar 25, 2009  
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:**

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: COB ( ) Delete  
Name: KOBOSKY, RON  
Address: 12839 WYANDOTTE RD.  
City-St-Zip: GIBSONTONTON, FL 33534 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: PRES (X) Change ( ) Addition  
Name: LAFON, MARK  
Address: P.O. BOX 189  
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: VP (X) Change ( ) Addition  
Name: AUSTIN, BRUCE A  
Address: MARTIN GAS SALES  
City-St-Zip: 4118 PENDOLA PT, FL 33619

Title: VP (X) Change ( ) Addition  
Name: THOMPSON, ALLEN CAPT  
Address: 1825 SAHLMAN DR.  
City-St-Zip: TAMPA, FL 33605 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

TREA

03/25/2009

Electronic Signature of Signing Officer or Director

Date