

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007852

FILED
Feb 16, 2007
Secretary of State

Entity Name: GAINESVILLE SAIL AND POWER SQUADRON, INC.

Current Principal Place of Business:

C/O JIB DAVIDSON
4424 NW 13 STE C-2
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

C/O JIB DAVIDSON
4424 NW 13 STE C-2
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 76-0764938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, JIB
4424 NW 13 ST STE C-2
GAINESVILLE, FL 32609 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: TEISS, DAVID
Address: 11619 NW 2 AVE
City-St-Zip: GAINESVILLE, FL 326071115

Title: DV () Delete
Name: DAVIDSON, TERESA
Address: 6425 NW 54 WAY
City-St-Zip: GAINESVILLE, FL 32653

Title: DV () Delete
Name: DAVIDSON, ALBERT
Address: 6425 NW 54 WAY
City-St-Zip: GAINESVILLE, FL 32653

Title: DS () Delete
Name: HASSIE, SUSAN
Address: 4115 NW 60 AVE
City-St-Zip: GAINESVILLE, FL 32653

Title: DT () Delete
Name: HASSIE, PAUL A
Address: 4115 NW 60 AVE
City-St-Zip: GAINESVILLE, FL 32653

Title: DV () Delete
Name: MCKINNEY, MICHAEL
Address: 15314 SW WILLISTON ROAD
City-St-Zip: MICANOPY, FL

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:

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

Title: () Change () Addition
Name:
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 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: DAVID TEISS

DP

02/16/2007

Electronic Signature of Signing Officer or Director

Date