

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000414

FILED
Apr 22, 2009
Secretary of State

Entity Name: BLIND SAILING UNLIMITED INC.

Current Principal Place of Business:

C/O KRIS SCHEPPE
3446 MARINATOWN LN
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

C/O KRIS SCHEPPE
3446 MARINATOWN LN
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 26-1777898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHEPPE, KRISTOPHER A
3446 MARINATOWN LN
NORTH FORT MYERS, FL 33903 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: DST () Delete
Name: SCHEPPE, KRISTOPHER A
Address: 3446 MARINATOWN LN
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: DEATON, SABRINA
Address: 1123 MEDITATION LOOP
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: SCHEPPE, STEPHEN A
Address: 9985 N. PINAL AVE. LOT 77
City-St-Zip: NORTH FORT MYERS, FL 33903

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: SCHEPPE, KRISTOPHER A
Address: 3446 MARINATOWN LN
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: DS (X) Change () Addition
Name: DEATON, SABRINA
Address: 1123 MEDITATION LOOP
City-St-Zip: PORT ORANGE, FL 32129

Title: DT (X) Change () Addition
Name: SCHEPPE, STEPHEN A
Address: 9985 N. PINAL AVE. LOT 77
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Change (X) Addition
Name: SERVIS, KAREN
Address: 3136 SE 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Change (X) Addition
Name: ANSPACH, DAVID
Address: 3015 138TH PL
City-St-Zip: LARGO, FL 33771

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: KRISTOPHER A. SCHEPPE

DC

04/22/2009

Electronic Signature of Signing Officer or Director

Date