


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90010 013 ****61.25

DOCUMENT # N93000001465					
1. Entity Name THE PROPELLER CLUB OF THE UNITED STATES PORT OF MIAMI, INC.					
Principal Place of Business P.O. BOX 01-2438 MIAMI, FL 33101-2438			Mailing Address P.O. BOX 01-2438 MIAMI, FL 33101-2438		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0409445	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
KELLEY, ALLAN R 100 SE 2ND ST 17TH FLOOR MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City			
FL		Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME KEELEY, BENJAMIN STREET ADDRESS 400 ALTON ROAD SUITE TH-1A CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE PD NAME SKIPP, PETER STREET ADDRESS 2215 NW 14TH STREET CITY-ST-ZIP MIAMI, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME SKIPP, PETER STREET ADDRESS 2215 NW 14TH STREET CITY-ST-ZIP MIAMI, FL 33125	<input type="checkbox"/> Delete		TITLE VD NAME BENSCH, SANDRA STREET ADDRESS 1032 NE LITTLE RIVER DRIVE CITY-ST-ZIP MIAMI, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME WOOD, LYNN STREET ADDRESS P.O. BOX 01 - 2438 CITY-ST-ZIP MIAMI, FL 331012438	<input checked="" type="checkbox"/> Delete		TITLE SD NAME FIELD, STEVE STREET ADDRESS PO BOX 01-2438 CITY-ST-ZIP MIAMI, FL 33101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP2 NAME BENSCH, SANDRA STREET ADDRESS 1032 NE LITTLE RIVER DRIVE CITY-ST-ZIP MIAMI, FL 331384229	<input type="checkbox"/> Delete		TITLE VP2 NAME JONATHAN COOPER STREET ADDRESS PO BOX 01-2438 CITY-ST-ZIP MIAMI, FL 33101	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sandra Bensch</u>			<u>8/13/08</u>		
Vice President			Date		