
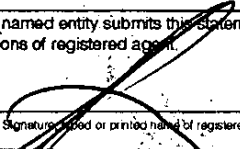
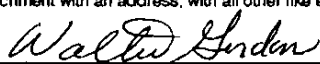


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90106 019 \*\*\*\*61.25

<b>DOCUMENT # N98000007389</b>			
1. Entity Name HARRIS CHAIN SAIL AND POWER SQUADRON, INC.			
Principal Place of Business 407 DELMAR DRIVE THE VILLAGES, FL 32159		Mailing Address P.O. BOX 493304 LEESBURG, FL 34748 US	
2. Principal Place of Business - No P.O. Box # 12307 WEDGEFIELD DR.		3. Mailing Address SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GRAND ISLAND, FL		City & State	
Zip 32735	Country LAKE	Zip	Country
4. FEI Number 59-3549272		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RZEWSKI, JOSEPH 407 DELMAR DRIVE THE VILLAGES, FL 32159		Name <del>KERRY</del> KLINE, KERRY	
		Street Address (P.O. Box Number is Not Acceptable) 12307 WEDGEFIELD DR.	
		City GRAND ISLAND FL Zip Code 32735	
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 		KERRY STEVEN KLINE 4/16/08	
Filing Fee is \$61.25 Due by May 1, 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 D	RZEWSKI, JOSEPH <input checked="" type="checkbox"/> Delete	TITLE D	<del>KERRY</del> KLINE, KERRY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	407 DELMAR DRIVE	NAME	12307 WEDGEFIELD DR.
STREET ADDRESS	THE VILLAGES, FL 32159	STREET ADDRESS	GRAND ISLAND, FL 32735
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	KLINE, KERRY <input checked="" type="checkbox"/> Delete	TITLE D	HOWELL, FRANK <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12307 WEDGEFIELD DR	NAME	13750 W. COLONIAL DR. STE 350 PM
STREET ADDRESS	GRAND ISLAND, FL 32735	STREET ADDRESS	WINTER GARDEN, FL 34787
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ST	WEDGE, JEANETTE <input checked="" type="checkbox"/> Delete	TITLE ST	GORDON, WALTER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1644 LOVES POINT DRIVE	NAME	9909 SANTA BARBARA CT.
STREET ADDRESS	LEESBURG, FL 34748	STREET ADDRESS	Howey-in-the-hills, FL 34737
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SAD	SPENCER, LISA <input checked="" type="checkbox"/> Delete	TITLE SAO	HENKE, CATHERINE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1609 MEADOW LN NE	NAME	22217 SCENIC RIDGE CT.
STREET ADDRESS	WINTER HAVEN, FL 33881	STREET ADDRESS	MOUNT OORA, FL 32757
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SD	HEPTING, DAVID <input type="checkbox"/> Delete	TITLE	
NAME	929 ROYAL OAK BLVD	NAME	
STREET ADDRESS	LEESBURG, FL 34748	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SEDO	WEDGE, MICHAEL <input checked="" type="checkbox"/> Delete	TITLE SEDO	SIMON, MARIA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1644 LOVES POINT DRIVE	NAME	2002 OAKBEND DR.
STREET ADDRESS	LEESBURG, FL 34748	STREET ADDRESS	EUSTIS, FL 32726
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		WALTER GORDON 4/15/08 352-408-7150	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	