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

## FILED Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90056 038 \*\*\*\*61.25

321-794-4078 Daytime Phone #

April 7, 2008

DOCUMENT # N9900006048  1. Entity Name THE PROPELLER CLUB OF THE UNITED STATES, PORT OF CANAVERAL, INC.								
Principal Place of Business 101 GEORGE KING BLVD. SUITE 6 PORT CANAVERAL, FL 32920			Mailing Address P.O. BOX 501 PORT CANAVERAL, FL 32920				 	
2. Principal Place of Business - No P.O. Box # 8680 N. Atlantic Avenue			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03252008 Chg-NP CR2E037 (12/06)	
City & State Cape Canaveral, FL			City & State				4. FEI Number Applied For 59-3605004 Not Applical	
Zip 32920 Country USA			Zip				5. Certificate of Status Desired  \$8.75 Additional Fee Required	
	6. Name	and Address of Current I	Registered Agent	Name			7. Name and Address of New Registered Agent	
MCMILLIN, EARL R 397 HOLMAN ROAD CAPE CANAVERAL, FL 32920					Patricia K. Olney Street Address (P.O. Box Number is Not Acceptable)			
		47			677 Dave Nisbet Drive, Suite 110			
The above parent entitle submits this statement for the aureon of changing its registers					Port Canaveral FL 32920			
8. The above named entity symmits 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 Signeture. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE								
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Fina Trust Fund Contribution							\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10.	100	OFFICERS AND DIR		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	_
TITLE NAME	DS RONSTRO	OM, KURT E	Delete HILL			DV Denn	□ Change	tion
STREET ADDRESS 8708 COMMERCE STREET CITY-ST-ZIP CAPE CANAVERAL, FL 32920				ET ADDRESS	1935	335 Holt Drive		
TITLE	DS	WAVERAL, 1 E 32920	☑ Delete	TITL		Merr	ritt Island, FL 32954 ☐ Change X Addi	tion
NAME	MULLIN, I	ARRY	IZA Delete	NAM	E I		h O'Shea	
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NAME	DIXON, S	IEGRID	L'i Delete	TITL			ol Hughes	1011
STREET ADDRESS	P.O. BOX	267 NAVERAL, FL 32920			et <b>adores</b> s -st-zip	260	E. Merritt Island Causeway	
TITLE	DT DT	NAVERAL, FL 32920	₩ Delete	TITL		Merr	itt Island, FL 32952	
NAME	MC MILLI	N, EARL	₩ perere	NAM			_ onenge _ noon	
STREET ADDRESS CITY-ST-ZIP	PO BOX 1	086 NAVERAL, FL 32920			ET ADDRESS - ST-ZIP			
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NAME	1 -	H, MALCOLM	NAM.			McL	outh, Malcolm O Atlantic Avenue	1
STREET ADDRESS CITY-ST-ZIP				STREET ADD				
<del></del>	COCOA BEACH, FL 32931			——	-ST-ZIP	Loca D	oa Beach, FL 32931	
TITLE NAME	DS BRODEN.	BARBARA	<b>X</b> → Delete	Delete TITLE			风 Change ☐ Addi bara Borden	IIOR I
STREET ADDRESS	REET ADDRESS 320 W. COCOA BEACH CAUSEWAY				EET ADDRESS		W. Cocoa Beach Causeway	
					-ST-ZIP	Coco	oa Beach, FL 32931	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR