

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006048

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE PROPELLER CLUB OF THE UNITED STATES, PORT OF CANAVERAL, INC.

Current Principal Place of Business:

8680 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 501
PORT CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-3605004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLNEY, PATRICIA K
677 DAVE NISBET DRIVE, STE. 110
PORT CANAVERAL, FL 32920 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: DV () Delete
Name: THOMPSON, DENNIS
Address: 1935 HOLT DRIVE
City-St-Zip: MERRITT ISLAND, FL 32954

Title: DT () Delete
Name: O'SHEA, SARAH
Address: 8959 ASTRONAUT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DS () Delete
Name: HUGHES, CAROL
Address: 260 E. MERRITT ISLAND CAUSEWAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DP () Delete
Name: MCLOUTH, MALCOLM
Address: 5340 ATLANTIC AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: BORDEN, BARBARA
Address: 320 W. COCOA BEACH CAUSEWAY
City-St-Zip: COCOA BEACH, FL 32931

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:

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: SARAH O'SHEA

DT

04/16/2009

Electronic Signature of Signing Officer or Director

Date