

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29649** (3)

1. Corporation Name
FRIENDS OF TAMPA RECREATION, INC.



Principal Place of Business: %DONALD SALTZMAN, 1420 N. TAMPA STREET, TAMPA FL 33602
Mailing Address: %DONALD SALTZMAN, 1420 N. TAMPA STREET, TAMPA FL 33602

3. Date Incorporated or Qualified: 12/12/1988
3a. Date of Last Report: 06/01/1995
4. FEI Number: 59-2920852
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: SALTZMAN, DONALD, 1420 N. TAMPA STREET, TAMPA FL 33602

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP SCHECT, NEAL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 E. KENNEDY BLVD.	1.2 NAME	
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ABRAHAMS, JOE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	306 E. JACKSON STREET	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D GOLD, HERB	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2413 BAYSHORE BLVD. #170	3.2 NAME	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DT LENKER, MARK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	324 S HYDE PARK AVE 230	4.2 NAME	
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DV CARVER, CHUCK	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	102 E KENNEDY BLVD	5.2 NAME	
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DS WAKSMAN, KAREN B.	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13723 ATTLEY PLACE	6.2 NAME	
STREET ADDRESS	TAMPA FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten entry for 6.2 NAME: DV Bell, Jeffrey
2911 Timber Knoll Dr
Valrico, FL 33594

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M G Lenker* 4/2/96 813-251-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)