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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N29649

1. Corporation Name

FRIENDS OF TAMPA RECREATION, INC.

Principal Place of Business

%DONALD SALTZMAN  
1420 N. TAMPA STREET  
TAMPA FL 33602

Mailing Address

C/O JOSEPH ABRAHAMS  
1420 N. TAMPA STREET  
TAMPA FL 33602  
US



2. Principal Place of Business

21 JOSEPH ABRAHAMS

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
12/12/1988

4. FEI Number  
59-2920852

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ABRAHAMS, JOSEPH  
1420 N TAMPA ST.  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME DP  
SCHECT, NEAL  
STREET ADDRESS 101 E. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA FL  
 DELETE

TITLE  
NAME D  
ABRAHAMS, JOE  
STREET ADDRESS 306 E. JACKSON STREET  
CITY-ST-ZIP TAMPA FL  
 DELETE

TITLE  
NAME D  
GOLD, HERB  
STREET ADDRESS 2413 BAYSHORE BLVD. #170  
CITY-ST-ZIP TAMPA FL  
 DELETE

TITLE  
NAME DT  
LENKER, MARK  
STREET ADDRESS 324 S HYDE PARK AVE 230  
CITY-ST-ZIP TAMPA FL  
 DELETE

TITLE  
NAME D  
SUAREZ, JIM A.  
STREET ADDRESS 3601 N NEBRASKA AVE  
CITY-ST-ZIP TAMPA FL  
 DELETE

TITLE  
NAME DV  
BELL, JEFFREY  
STREET ADDRESS 2911 TIMBERKNOLL DRIVE  
CITY-ST-ZIP VALRICO FL  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 2909 W BAY TO BAY BLVD #600  
1.4 CITY-ST-ZIP TAMPA FL 33629

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 1420 N TAMPA ST  
2.4 CITY-ST-ZIP TAMPA FL 33602

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS 713 S OREGON AVE  
3.4 CITY-ST-ZIP TAMPA FL 33606

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK N LENKER, JR

4/29/99

(813) 251-5009

Date

Daytime Phone #

CR2E037 (1/198)