


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N29649
 1. Entity Name
 FRIENDS OF TAMPA RECREATION, INC.



Principal Place of Business C/O WAYNE PAPY 1420 N TAMPA STREET TAMPA, FL 33602	Mailing Address C/O WAYNE PAPY 1420 N TAMPA STREET TAMPA, FL 33602 US
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02152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2920852	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAPY, WAYNE
 1420 N TAMPA ST.
 TAMPA, FL 33602

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000061809 02/23/04-80089-002 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHECT, NEAL 2909 W BAY BLVD #600 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAPY, WAYNE 1420 N TAMPA ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLD, HERB 713 S OREGON AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LENKER, MARK 102 W WHITING ST STE 201 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUAREZ, JIM A. 3601 N NEBRASKA AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BELL, JEFFREY 2911 TIMBERKNOLL DRIVE VALRICO, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mark Lenker Jr Mark Lenker Jr Treasurer Histor 813-223-3455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #