


**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90579 030 \*\*\*\*70.00

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N29649</b> 1. Entity Name <b>FRIENDS OF TAMPA RECREATION, INC.</b>					
Principal Place of Business <b>C/O WAYNE PAPY          1420 N TAMPA STREET          TAMPA, FL 33602</b>			Mailing Address <b>C/O WAYNE PAPY          1420 N TAMPA STREET          TAMPA, FL 33602 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2920852</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PAPY, WAYNE          1420 N TAMPA ST.          TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 <u>Wayne Papy</u> <span style="float: right;">2 March 05</span> <small>Signature, typed or printed name of registered agent and the date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25          Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHECT, NEAL 2909 W BAY BLVD #600 TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOBIN, LEE 1420 N TAMPA ST TAMPA, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPY, WAYNE 1420 N TAMPA ST TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, HERB 713 S OREGON AVE TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORSHAM, SHIRLEY 1420 N TAMPA ST TAMPA, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LENKER, MARK 102 W WHITING ST STE 201 TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, JIM A. 3801 N NEBRASKA AVE TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BELL, JEFFREY 2911 TIMBERKNOLL DRIVE VALRICO, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHUMACHER, DALE 1420 N TAMPA ST TAMPA, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <u>Wayne Papy</u> <span style="float: right;">31/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			M N Lenker Jr <span style="float: right;">813-273-3455</span> <small>Date Daytime Phone #</small>		