


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90074 040 \*\*\*\*61.25

**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

2. Principal Place of Business - No P.O. Box #  
**C/O PETER BURGUE**

3. Mailing Address  
**C/O PETER BURGUE**

Suite, Apt. #, etc.  
**1420 N TAMPA STREET**

Suite, Apt. #, etc.  
**1420 N TAMPA STREET**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33602**

Country

Zip  
**33602**

Country

40038083



03042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2920852**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**PETER BURGUE**

Street Address (P.O. Box Number is Not Acceptable)  
**1420 N TAMPA STREET**

City  
**TAMPA**

State  
**FL**

Zip Code  
**33602**

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  **PETER BURGUE** 3/19/07  DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	TOBIN, LEE	
STREET ADDRESS	1420 N TAMPA ST	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAPY, WAYNE	
STREET ADDRESS	1420 N TAMPA ST	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORSHAM, SHIRLEY	
STREET ADDRESS	1420 N TAMPA ST	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LENKER, MARK	
STREET ADDRESS	102 W WHITING ST STE 201	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUAREZ, JIM A.	
STREET ADDRESS	3601 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA, FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHUMACHER, DALE	
STREET ADDRESS	1420 N TAMPA ST	
CITY-ST-ZIP	TAMPA, FL 33602	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 N Lenker, Jr** 3/6/07 **813-223-3455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #