

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29649

FILED
Feb 26, 2009
Secretary of State

Entity Name: FRIENDS OF TAMPA RECREATION, INC.

Current Principal Place of Business:

C/O PETER BURGUE
1420 N TAMPA STREET
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

C/O PETER BURGUE
1420 N TAMPA STREET
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-2920852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGUE, PETER
1420 N TAMPA STREET
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TOBIN, LEE
Address: 1420 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: PAPPY, WAYNE
Address: 1420 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: WORSHAM, SHIRLEY
Address: 1420 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: DT () Delete
Name: LENKER, MARK
Address: 102 W WHITING ST STE 201
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: SUAREZ, JIM A.
Address: 3601 N NEBRASKA AVE
City-St-Zip: TAMPA, FL

Title: DV () Delete
Name: LYONS, KITTY
Address: 1420 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: LENKER, MARK N
Address: 600 N WILLOW AVE STE 300
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change () Addition
Name: SOLOMON, FRAN
Address: 1420 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: D (X) Change () Addition
Name: DOWNING, MARK
Address: 702 N FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK N LENKER

TREA

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date