


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90415 032 ****70.00

DOCUMENT # N43519
 1. Entity Name
TAMARAC ATHLETIC FEDERATION, INC.



Principal Place of Business: **7501 N. UNIVERSITY DR. TAMARAC FL 33321**
 Mailing Address: **P.O. BOX 26806 FT. LAUDERDALE FL 33320**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
PO Box 26806

1st MOORE CR2E037 (10/05)

City & State: **Tamarac FL**

4. FEI Number: **204249628** Applied For
~~NOT APPLICABLE~~ Not Applicable

Zip: **33320** Country: **FL**

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

6. Name and Address of Current Registered Agent
LEHMBECK, JEANNIE
8009 NW 72 AVE
TANARAC FL 33321

7. Name and Address of New Registered Agent
 Name: **Jeannie Lehbeck**
 Street Address (P.O. Box Number is Not Acceptable):
8202 NW 73 Ter
 City: **Tamarac** FL Zip Code: **33321**

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: *Jeannie Lehbeck* DATE: **4/10/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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: PD	NAME: LEHMBECK, JEANIE	<input type="checkbox"/> Delete
STREET ADDRESS: 8009 NW 72 AVE	CITY-ST-ZIP: TAMARAC FL 33321	
TITLE: VP	NAME: HYMAN, MARG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 8103 NW 71 AVE	CITY-ST-ZIP: TAMARAC FL 33321	
TITLE: SD	NAME: PENSON, CAROL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 7913 NW 71 AVE	CITY-ST-ZIP: TAMARAC FL 33321	
TITLE: TD	NAME: BOOS, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 9542 KN VERMOSA LN	CITY-ST-ZIP: FORT LAUDERDALE FL 33321	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P	NAME: Lehbeck, Jeannie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8202 NW 73 Ter	CITY-ST-ZIP: Tamarac FL 33321	
TITLE: V	NAME: Shipley, James	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 8002 NW 102 Way	CITY-ST-ZIP: Tamarac FL 33321	
TITLE: S	NAME: Rating, Judith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 10044 NW 25th	CITY-ST-ZIP: Coral Springs FL 33071	
TITLE: T	NAME: Kessler, Richard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 7100 NW 78 Ter	CITY-ST-ZIP: Tamarac FL 33321	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jeannie Lehbeck* DATE: **4/10/06** **954-257-0326**

Issued EIN

ATTACHMENT

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40059843
#1443579



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-4249628

Today's Date is: February 06, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)

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#N43519

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-4249628 OMB No. 1545-0003																
1* Legal name of entity (or individual) for whom the EIN is being requested Tamarac Athletic Federation Inc																				
2 Trade name of business (if different from name on line 1)			3* Executor, trustee, "care of" name Tamarac Athletic Federation Inc																	
4a* Mailing address (room, apt., suite no. and street, or P.O. box) PO Box 26806			5a Street address (if different) (Do not enter a P.O. box)																	
4b* City, state, and ZIP code Tamarac FL 33320 -			5b City, state, and ZIP code																	
6* County and state where principal business is located County Broward State FL																				
7a Name of principal officer, general partner, grantor, owner, or trustee			7b SSN, ITIN, EIN																	
8a* Type of entity (check only one) <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Sole Proprietor (SSN)</td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN)</td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) ▶</td> <td><input type="checkbox"/> Trust (SSN of grantor)</td> </tr> <tr> <td><input type="checkbox"/> Personal Service</td> <td><input type="checkbox"/> National Guard</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ City Sports</td> <td><input type="checkbox"/> REMIC</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> Group Exemption NO. (GEN) ▶</td> </tr> </table>						<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative	<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ City Sports	<input type="checkbox"/> REMIC	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Group Exemption NO. (GEN) ▶	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country																
9* Reason for applying (check only one) <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Started new business (specify type) ▶</td> <td><input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶</td> <td>checking account</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ▶</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> Created a trust (specify type) ▶</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ▶</td> <td></td> </tr> </table>						<input type="checkbox"/> Started new business (specify type) ▶	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶	checking account	<input type="checkbox"/> Hired employees (Check the box and see line 12)	<input type="checkbox"/> Changed type of organization (specify new type) ▶		<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶			<input type="checkbox"/> Created a pension plan (specify type) ▶	
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	<input type="checkbox"/> Created a pension plan (specify type) ▶																			
10* Date business started or acquired (month, day, year) JAN 3 2004			11 Closing month of accounting year																	
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶																				
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>				Agriculture	Household	Other														
14* Check box that best describes the principal activity of your business <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental & leasing</td> <td><input type="checkbox"/> Transportation & warehousing</td> <td><input type="checkbox"/> Health care & social assistance</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance & insurance</td> <td><input type="checkbox"/> Accommodation & food service</td> <td><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td colspan="5"><input checked="" type="checkbox"/> Other (specify) sports activity for city</td> </tr> </table>						<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input checked="" type="checkbox"/> Other (specify) sports activity for city				
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15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. services provided																				
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note if "Yes" please complete lines 16b and 16c</i>																				
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶																				
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN																				
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																				
Third Party Designee		Designee's name Address and ZIP code		Designee's telephone number (include area code) () - Designee's fax number (include area code) () -																
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)																

ATTACHMENT

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N43519

TAMARAC ATHLETIC FEDERATION
PO BOX 26806
TAMARAC, FL 33320

2/6/2006

The following people are no longer on the board of Tamarac Athletic Federation, Inc. Marc Hyman, Carol Renson, and Robert Boos. The new board for 2006 is Vice pres. James Shipley, Sec. Judith Patino, Tres. Richard Kessler. The Pres is still Jeannie Lehmbeck.

Pres Jeannie Lehmbeck	8202 NW 73 Ter Tamarac, Fl 33321
VP James Shipley	8002 NW 10204 Tamarac, Fl 33321
Sec Judith Patino	10044 NW 2 St Coral Springs, Fl 33071
Tres James Kessler	7100 NW 78 Ter Tamarac, Fl 33321

Richard

Jeannie Lehmbeck

 Jeannie Lehmbeck
 President

James Shipley

 James Shipley
 Vice President

J. Patino

 Judith Patino
 Sec.

Richard Kessler

~~James~~ Kessler
 Tres.

Richard