

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29649

Entity Name: FRIENDS OF TAMPA RECREATION, INC.**Current Principal Place of Business:**3402 W COLUMBUS DR
TAMPA, FL 33607**Current Mailing Address:**PO BOX 173192
TAMPA, FL 33672 US**FEI Number:** 59-2920852**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CATHERINE, LYONS
3402 W COLUMBUS DR
TAMPA, FL 33607 US*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:** CATHERINE LYONS

03/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name GIESEKING, BILL
Address PO BOX 173192
City-State-Zip: TAMPA FL 33672

Title VC
Name NAFE, RICK
Address PO BOX 173192
City-State-Zip: TAMPA FL 33672

Title TREASURER
Name NORMAN ELLIOTT, ROSALINDE
Address PO BOX 173192
City-State-Zip: TAMPA FL 33672

Title SECRETARY
Name GIANANTE, JENNIFER
Address PO BOX 173192
City-State-Zip: TAMPA FL 33672

Title DIRECTOR
Name HOLMES, MIRAY
Address PO BOX 173192
City-State-Zip: TAMPA FL 33672

Title DIRECTOR
Name COLLISON, GARDA
Address PO BOX 173192
City-State-Zip: TAMPA FL 33672

Title DIRECTOR
Name MCGRAW, KEARA
Address PO BOX 173192
City-State-Zip: TAMPA FL 33672

Title DIRECTOR
Name JAP, FERDIAN
Address PO BOX 173192
City-State-Zip: TAMPA FL 33672

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER GIANANTE**EXECUTIVE DIRECTOR**

03/18/2020

Electronic Signature of Signing Officer/Director Detail

Date