

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 718574

1. Entity Name
TAMPA SPORTS CLUB FOUNDATION, INC.



Principal Place of Business
**102 W WHITING ST SUITE 201
TAMPA, FL 33602**

Mailing Address
**102 W WHITING ST SUITE 201
P.O. BOX 10952
TAMPA, FL 33602**



04272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-7073465

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LENKER, JR., MARK N
102 W WHITING ST SUITE 201
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD	
NAME	LENKER, MARK	
STREET ADDRESS	102 W WHITING ST SUITE 201	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	
NAME	DIAZ, LEO	
STREET ADDRESS	9703 HIDDEN COVE CT	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	PD	
NAME	BLACK, PETE	
STREET ADDRESS	12605 STILLWATER TERRACE	
CITY-ST-ZIP	TAMPA, FL	
TITLE	D	
NAME	CAMPBELL, EDWARD	
STREET ADDRESS	7327 SUNSHINE CIRCLE	
CITY-ST-ZIP	TAMPA, FL	
TITLE	D	
NAME	GARCIA, ED	
STREET ADDRESS	4241 HENDERSON BLVD.	
CITY-ST-ZIP	TAMPA, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U000000550451
05/13/06-80057-022 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #