2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# N00000000903

Entity Name: FRIENDS OF THE RIVER, INC.

Current Principal Place of Business:

1705 W. SLIGH AVE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

1705 W. SLIGH AVE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-3624207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OVINK, B. JOHN
1705 W. SLIGH AVE
TAMPA, FL 33604 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: SD ( ) Delete
Name: OVINK, B. JOHN
Address: 1705 W. SLIGH AVE
City-St-Zip: TAMPA, FL 33609

Title: PD ( ) Delete
Name: COMPTON, PHIL
Address: 1430 E PARK CIRCLE
City-St-Zip: TAMPA, FL 33603

Title: VPD ( ) Delete
Name: TAYLOR, ELIZABETH
Address: 1430 E. PARK CIRCLE
City-St-Zip: TAMPA, FL 33603

Title: TD ( ) Delete
Name: BROWN, RICH
Address: 1214 E PARK DRIVE
City-St-Zip: TAMPA, FL 33604

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

I hereby certify that the information supplied with this filing does not qualify for the 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: B. JOHN OVINK S/D 01/30/2007

Electronic Signature of Signing Officer or Director — Date