

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01426

FILED  
May 05, 2006  
Secretary of State

**Entity Name:** THE TAMPA ROWING CLUB, INC.

**Current Principal Place of Business:**

PO BOX 1433  
TAMPA, FL 33601

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1433  
TAMPA, FL 33601

**New Mailing Address:**

**FEI Number:** 59-2342262      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BELL, JAMES L TREASUR  
23247 CHARLSTON PL  
LAND O'LAKES, FL 34639      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: PD      ( ) Delete  
Name: HERMAN, THOMAS  
Address: 2911 WEST HAWTHORNE ROAD  
City-St-Zip: TAMPA, FL 33611

Title: VD      ( ) Delete  
Name: COLLINS, LEROY  
Address: 418 BLANCA AVE.  
City-St-Zip: TAMP, FL 33606

Title: SD      ( ) Delete  
Name: PARKER, KEN  
Address: 2415 WATROUS AVE  
City-St-Zip: TAMPA, FL 33629

Title: TD      ( ) Delete  
Name: BELL, JIM  
Address: 2347 CHARLESTON PLACE  
City-St-Zip: LAND O LAKES, FL 34639

**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: JAMES L. BELL

MR

05/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date