## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01426

FILED Mar 28, 2008 Secretary of State

Entity Name: THE TAMPA ROWING CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 401 W KENNEDY BLVD TAMPA, FL 33606 **Current Mailing Address: New Mailing Address:** PO BOX 1433 TAMPA, FL 33601 FEI Number: 59-2342262 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BELL, JAMES L TREASUR 23247 CHARLSTON PL LAND O'LAKES, FL 34639 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PPD () Change () Addition () Delete HERMAN, THOMAS Name: Name: 2911 WEST HAWTHORNE ROAD Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: SENAY, MARY CAROL Name: Address: 918 HARBOR BAY DRIVE Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: () Change () Addition PARKER, KEN Name: Name: Address: 2415 WATROUS AVE Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: ( ) Delete Title: TD Title: () Change () Addition Name: BELL, JIM Name: 2347 CHARLESTON PLACE Address: Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: Title: Title: ( ) Delete () Change () Addition WILLIAM, WILLIAMSON Name: Name: 5040 W. DICKENS AVE Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 TD 03/28/2008