2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01426

FILED Jan 27, 2009 Secretary of State

Entity Name: THE TAMPA ROWING CLUB, INC.

Current Principal Place of Business:

401 W KENNEDY BLVD
TAMPA, FL 33606

New Principal Place of Business:

5904 N ARMENIA AVE
TAMPA, FL 33603

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:

Flacture Complete of Decision 1 Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD () Delete Title: () Change () Addition

 Name:
 HERMAN, THOMAS
 Name:

 Address:
 2911 WEST HAWTHORNE ROAD
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 SENAY, MARY CAROL
 Name:
 RODRIGUEZ, GEORGE

 Address:
 918 HARBOR BAY DRIVE
 Address:
 4920 RIVERSHORE DR

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:
 TAMPA, FL 33603

Title: PD () Delete Title: () Change () Addition

 Name:
 PARKER, KEN
 Name:

 Address:
 2415 WATROUS AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:

Name: BELL, JIM Name: BELL, JIM

Address: 2347 CHARLESTON PLACE Address: 23247 CHARLESTON PLACE City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LAND O LAKES, FL 34639

Title: SD () Delete Title: SD (X) Change () Addition

Name: WILLIAM, WILLIAMSON Name: WALZ, LORI

 Address:
 5040 W. DICKENS AVE
 Address:
 8905 EAGLE WATCH DRIVE

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 RIVERVIEW, FL 33578

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 TREA 01/27/2009