

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000006947

1. Entity Name
FRIENDS OF THE RIVERWALK, INC.



Principal Place of Business
401 E JACKSON STREET 20TH FLOOR
TAMPA, FL 33602

Mailing Address
POST OFFICE BOX 173312
TAMPA, FL 33672-1312



07252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3146250

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, STEVEN A ESQ.
401 E JACKSON STREET 20TH FLOOR
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 resigning)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFONSO, ALBERT 1705 N 16 ST TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, STEVE 401 E JACKSON STREET 27TH FLOOR TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREMINGER, KEITH 7650 W COURTNEY CAMPBELL CAUSEWAY TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, LEE 306 E JACKSON STREET 1N TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEYTHAM, BETH 5206 SUWANEE AVE #3 TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHURIN, DAN 401 E JACKSON STREET 20TH FLOOR TAMPA, FL 33602

U00000771130
08/01/07-80006-003 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] **PREMONT** For Doc 7-26-07 8132242505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #