

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006947

FILED
Feb 24, 2008
Secretary of State

Entity Name: FRIENDS OF THE RIVERWALK, INC.

Current Principal Place of Business:

401 E JACKSON STREET 20TH FLOOR
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 173312
TAMPA, FL 336721312

New Mailing Address:

FEI Number: 20-3146250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, STEVEN A ESQ.
401 E JACKSON STREET 20TH FLOOR
TAMPA, FL 33602 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: D () Delete
Name: ALFONSO, ALBERT
Address: 1705 N 16 ST
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: ANDERSON, STEVE
Address: 401 E JACKSON STREET 27TH FLOOR
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: GREMINGER, KEITH
Address: 7650 W COURTNEY CAMPBELL CAUSEWAY
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: HOFFMAN, LEE
Address: 306 E JACKSON STREET 1N
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: LEYTHAM, BETH
Address: 5206 SUWANEE AVE #3
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: MAHURIN, DAN
Address: 401 E JACKSON STREET 20TH FLOOR
City-St-Zip: TAMPA, FL 33602

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:

Title: D (X) Change () Addition
Name: LEYTHAM, BETH
Address: 518 N. TAMPA STREET, SUITE 310
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
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: ALEX PETRILAK, JR.

D

02/24/2008

Electronic Signature of Signing Officer or Director

Date