

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90043 033 \*\*\*\*61.25

**DOCUMENT # N29649**

1. Entity Name  
**FRIENDS OF TAMPA RECREATION, INC.**



Principal Place of Business

**C/O PETER BURGUE  
1420 N TAMPA STREET  
TAMPA, FL 33602**

Mailing Address

**C/O PETER BURGUE  
1420 N TAMPA STREET  
TAMPA, FL 33602 US**

40045010



01272008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2920852**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BURGUE, PETER  
1420 N TAMPA STREET  
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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	TOBIN, LEE
STREET ADDRESS	1420 N TAMPA ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	PAPY, WAYNE
STREET ADDRESS	1420 N TAMPA ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	WORSHAM, SHIRLEY
STREET ADDRESS	1420 N TAMPA ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	DT
NAME	LENKER, MARK
STREET ADDRESS	102 W WHITING ST STE 201
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	SUAREZ, JIM A.
STREET ADDRESS	3601 N NEBRASKA AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	DV
NAME	SCHEUMACHER, DALE Lyons, K. My
STREET ADDRESS	1420 N TAMPA ST
CITY-ST-ZIP	TAMPA, FL 33602

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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:**

*Mark Lenker Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mark Lenker Jr Treasurer 1/2/08*  
Date Daytime Phone #