

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90007 048 ****61.25

DOCUMENT # N39097

1. Entity Name
**FRIENDS OF THE COUNTY PARKS & RECREATION
DEPARTMENT, INC.**



Principal Place of Business
**1101 E RIVER COVE ST
TAMPA FL, 33604**

Mailing Address
**1101 E RIVER COVE ST
TAMPA FL, 33604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3088915

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILCOX, ROY
1101 EAST RIVER COVE STREET
TAMPA, FL 33604**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WILCOX, ROY
STREET ADDRESS 13533 BAY LAKE LANE
CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SMITH, JAN
STREET ADDRESS 3627 BERGER RD
CITY-ST-ZIP LUTZ, FL 33549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME TABOR, KATHERINE
STREET ADDRESS 4433 RANCHWOOD LANE
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BD ☐ Delete
NAME BRAUN, DAVE
STREET ADDRESS 510 ROBIN HILL CIRCLE
CITY-ST-ZIP BRANDON, FL 33510

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BD ☐ Delete
NAME COX, DIANNA
STREET ADDRESS 11710 ORANGE GROVE BLVD
CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alfred J. Orr* **Alfred J. Orr** **1-16-04** **813-903-2248**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #