

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39097

FILED
Jan 11, 2007
Secretary of State

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

Current Principal Place of Business:

1101 E RIVER COVE ST
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

1101 E RIVER COVE ST
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-3088915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, ROY
1101 EAST RIVER COVE STREET
TAMPA, FL 33604 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: PD () Delete
Name: WILCOX, ROY
Address: 13533 BAY LAKE LANE
City-St-Zip: TAMPA, FL 33618

Title: VD () Delete
Name: SMITH, JAN
Address: 3627 BERGER RD
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: TABOR, KATHERINE
Address: 4433 RANCHWOOD LANE
City-St-Zip: TAMPA, FL 33624

Title: BD () Delete
Name: BRAUN, DAVE
Address: 510 ROBIN HILL CIRCLE
City-St-Zip: BRANDON, FL 33510

Title: BD () Delete
Name: COX, DIANNA
Address: 11710 ORANGE GROVE BLVD
City-St-Zip: TAMPA, FL 33618

Title: () Delete
Name:
Address:
City-St-Zip:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: MOONEY, MARK
Address: 1211 FLETCHER AVE W
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHERINE TABOR

TD

01/11/2007

Electronic Signature of Signing Officer or Director

Date