

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43519**

1. Entity Name  
**TAMARAC ATHLETIC FEDERATION, INC.**



Principal Place of Business  
**7501 N. UNIVERSITY DR.  
TAMARAC, FL 33321**

Mailing Address  
**P.O. BOX 26806  
FT. LAUDERDALE, FL 33320**



02042004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**LEHMBECK, JEANNIE  
8009 NW 72 AVE  
TAMARAC, FL 33321**

**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 *Jeannie Schmebeck*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/04

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000108280  
04/09/04-80049-007 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEHMBECK, JEANIE
STREET ADDRESS	8009 NW 72 AVE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VD
NAME	MACDONALD, KEVIN
STREET ADDRESS	8111 NW 73 AVE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	SD
NAME	PENSON, CAROL
STREET ADDRESS	7913 NW 71 AVE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	TD
NAME	MCDONALD, KEVIN
STREET ADDRESS	8111 NW 73 AVENUE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	TD
NAME	BOOS, ROBERT
STREET ADDRESS	10952 NW 21ST
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 817, 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: *Jeannie Schmebeck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

Date

954-257-0326

Daytime Phone #