

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90415 032 \*\*\*\*70.00

**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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 26806

City & State

City & State

Tamarac FL

Zip

Country

Zip

Country

33320

1st MOORE

CR2E037 (10/05)

4. FEI Number

204249628  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHMBECK, JEANNIE  
8009 NW 72 AVE  
TANARAC FL 33321

Name

Jeannie Lehmbeck

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

8202 NW 73 Ter

City

Tamarac

FL

Zip Code

33321

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 Lehmbeck

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

(NOTE: Registered Agent signature required when re-registering)

4/10/06

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

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

TITLE PD ☐ Delete

NAME LEHMBECK, JEANIE  
STREET ADDRESS 8009 NW 72 AVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE VP ☒ Delete

NAME HYMAN, MARG  
STREET ADDRESS 8103 NW 71 AVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE SD ☒ Delete

NAME PENSON, CAROL  
STREET ADDRESS 7913 NW 71 AVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE TD ☒ Delete

NAME BOOS, ROBERT  
STREET ADDRESS 9542 KN VERMOSA LN  
CITY-ST-ZIP FORT LAUDERDALE FL 33321

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition

NAME Lehmbeck, Jeannie  
STREET ADDRESS 8202 NW 73 Ter  
CITY-ST-ZIP Tamarac FL 33321

TITLE V ☐ Change ☒ Addition

NAME Shipley, James  
STREET ADDRESS 8002 NW 102 Way  
CITY-ST-ZIP Tamarac FL 33321

TITLE S ☐ Change ☒ Addition

NAME Rating, Judith  
STREET ADDRESS 10044 NW 25th  
CITY-ST-ZIP Coral Springs FL 33071

TITLE T ☐ Change ☒ Addition

NAME Kessler, Richard  
STREET ADDRESS 7100 NW 78 Ter  
CITY-ST-ZIP Tamarac FL 33321

TITLE ☐ Change ☐ Addition

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 exemptions contained in Section 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: Jeannie Lehmbeck

4/10/06 954-257-0326

Issued EIN

ATTACHMENT

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40059843  
#1443579



**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

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**Federal Tax ID / EIN**

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This is your provisional Employer Identification Number:

**20-4249628**

Today's Date is: February 06, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)

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ATTACHMENT

40059843  
#N43519

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) <b>► See separate instructions for each line. ► Keep a copy for your records.</b>		<b>EIN</b>  20-4249628  OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Tamarac Athletic Federation Inc					
2 Trade name of business (if different from name on line 1)			3* Executor, trustee, "care of" name Tamarac Athletic Federation Inc		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) PO Box 26806			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Tamarac FL 33320 -			5b City, state, and ZIP code		
6* County and state where principal business is located County Broward State FL					
7a Name of principal officer, general partner, grantor, owner, or trustee			7b SSN, ITIN, EIN		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ► <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ► City Sports <input type="checkbox"/> Other (specify) ►					
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises Group Exemption NO. (GEN) ►					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9* Reason for applying (check only one) <input type="checkbox"/> Started new business (specify type) ► <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ►					
<input checked="" type="checkbox"/> Banking purpose (specify purpose) ► checking account <input type="checkbox"/> Changed type of organization (specify new type) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► <input type="checkbox"/> Created a pension plan (specify type) ►					
10* Date business started or acquired (month, day, year) JAN 3 2004			11 Closing month of accounting year		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ►					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i> ►				Agriculture Household Other	
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input checked="" type="checkbox"/> Other (specify) sports activity for city					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. services provided					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ► Trade name ►					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name			Designee's telephone number (include area code)	
	Address and ZIP code			( ) - Designee's fax number (include area code) ( ) -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	

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#N43519


**TAMARAC ATHLETIC FEDERATION**  
**PO BOX 26806**  
**TAMARAC, FL 33320**

2/6/2006

The following people are no longer on the board of Tamarac Athletic Federation, Inc. Marc Hyman, Carol Renson, and Robert Boos. The new board for 2006 is Vice pres. James Shipley, Sec. Judith Patino, Tres. Richard Kessler. The Pres is still Jeannie Lehmbeck.

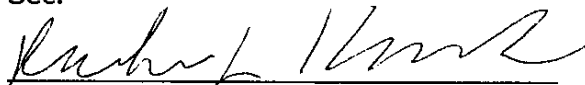
Pres Jeannie Lehmbeck	8202 NW 73 Ter Tamarac, FL 33321
VP James Shipley	<del>8002 NW 102 Ter Tamarac, FL 33321</del>
Sec Judith Patino	10044 NW 2 St Coral Springs, FL 33071
Tres <del>James</del> Kessler	7100 NW 78 Ter Tamarac, FL 33321

*Richard*

  
Jeannie Lehmbeck  
President

  
James Shipley  
Vice President

  
Judith Patino  
Sec.

  
~~James~~ Kessler  
Tres.

*Richard*