

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

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N97000001712

1. Entity Name  
DETROIT TIGERS FOUNDATION OF FLORIDA, INC.



Principal Place of Business  
2125 NORTH LAKE AVENUE  
LAKELAND, FL 33805

Mailing Address  
FOX OFFICE CENTER  
2211 WOODWARD AVE  
DETROIT, MI 48201 US

**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3493308

Applied For  
Not Applicable

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

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

WENDEL, JOHN F  
5300 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33813

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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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MYERS, RON  
2125 N. LAKE AVENUE  
LAKELAND, FL 33804

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
QUINN, STEVE  
2100 WOODWARD AVE  
DETROIT, MI 48201

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
TINSLEY, WILLIAM  
2125 N. LAKE AVENUE  
LAKELAND, FL 33804

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000868954  
04/09/08-80029-008 61.25

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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:

STEPHEN QUINN STD

3/17/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #