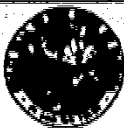


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:59

DOCUMENT # 718652 (1)

1. Corporation Name

NORTHEAST RAIDERS YOUTH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 21321
ST. PETERSBURG FL 33742

P.O. BOX 21321
ST. PETERSBURG FL 33742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1970

3a. Date of Last Report

06/28/1994

4. FEI Number

51-0194403

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEIN, HENRY A ESQ
CARTER, STEIN, SCHAAF & TOWZEY
270 FIRST AVE SO, STE 300
ST. PETE FL 33701**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PD
SHUMATE, JAMES
506 15TH AVE NE
ST PETE FL**

1.1 TITLE

President, DIR ☒ Change ☐ Addition

NAME

1.2 NAME

H STEIN, Henry

STREET ADDRESS

1.3 STREET ADDRESS

270 First Ave S, Suite 300

CITY - ST - ZIP

1.4 CITY - ST - ZIP

St. Petersburg FL 33701

TITLE

VD

NAME

AMBUSH, LES

STREET ADDRESS

535 23RD AVE N

CITY - ST - ZIP

ST. PETE FL

2.1 TITLE

Vice President, DIR ☒ Change ☐ Addition

2.2 NAME

Terry McGowan

2.3 STREET ADDRESS

3663 Bayshore Blvd NE

2.4 CITY - ST - ZIP

St. Petersburg FL 33703

TITLE

SD

NAME

DIBIASIO, DAN

STREET ADDRESS

2051 ILLINOIS AVE NE

CITY - ST - ZIP

ST. PETE FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

TD

NAME

FRIEDLANDER, PHILIP

STREET ADDRESS

5229 DENVER ST NE

CITY - ST - ZIP

ST PETE FL

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

D

NAME

TERNS, RAY

STREET ADDRESS

441 ROTARY PL NE

CITY - ST - ZIP

ST PETE FL

5.1 TITLE

Director ☒ Change ☒ Addition

5.2 NAME

ED BOWLEY

5.3 STREET ADDRESS

4121 76 Ave N

5.4 CITY - ST - ZIP

St. Petersburg FL 33702

TITLE

D

NAME

ALLEQUIN, RAY

STREET ADDRESS

2530 SUNRISE DR SE

CITY - ST - ZIP

ST PETE FL

6.1 TITLE

Director ☒ Change ☒ Addition

6.2 NAME

FRANK POLTONA

6.3 STREET ADDRESS

2132 MONTANA AVE

6.4 CITY - ST - ZIP

St. Petersburg FL 33703

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or as an attachment with an address.

SIGNATURE:

[Signature] **4/8/95 813-520-257**

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature