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

CORPORATION ANNUAL REPORT **1995**

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

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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<br>ST. PETERSBURG FL 33742 | P.O. BOX 21321<br>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. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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

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

**10. Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | President, Dir | ☑ Change ☐ Addition |
| NAME | SHUMATE, JAMES | 1.2 NAME | * Stein, Henry | |
| STREET ADDRESS | 506 15TH AVE NE | 1.3 STREET ADDRESS | 270 First Ave S. Suite 300 | |
| CITY-ST-ZIP | ST PETE FL | 1.4 CITY-ST-ZIP | St. Petersburg FL 33701 | |
| TITLE | VD | 2.1 TITLE | Vice President, Dir | ☑ Change ☐ Addition |
| NAME | AMBUSH, LES | 2.2 NAME | Terry McCarthy | |
| STREET ADDRESS | 535 23RD AVE N | 2.3 STREET ADDRESS | 3663 Bayshore Blvd NE | |
| CITY-ST-ZIP | ST. PETE FL | 2.4 CITY-ST-ZIP | St. Petersburg FL 33703 | |
| TITLE | SD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DIBIASIO, DAN | 3.2 NAME | | |
| STREET ADDRESS | 2051 ILLINOIS AVE NE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETE FL | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FRIEDLANDER, PHILIP | 4.2 NAME | | |
| STREET ADDRESS | 5229 DENVER ST NE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETE FL | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | Director | ☐ Change ☑ Addition |
| NAME | TERNS, RAY | 5.2 NAME | Ed Bewley | |
| STREET ADDRESS | 441 ROTARY PL NE | 5.3 STREET ADDRESS | 4112 74 Ave N | |
| CITY-ST-ZIP | ST PETE FL | 5.4 CITY-ST-ZIP | St. Petersburg FL 33702 | |
| TITLE | D | 6.1 TITLE | Director | ☐ Change ☑ Addition |
| NAME | ALLEQUIN, RAY | 6.2 NAME | Frank Peltons | |
| STREET ADDRESS | 2530 SUNRISE DR SE | 6.3 STREET ADDRESS | 2132 Montana Ave NE | |
| CITY-ST-ZIP | ST PETE FL | 6.4 CITY-ST-ZIP | St. Petersburg FL 33703 | |

14. I do hereby certify that the information supplied with this filing is untimately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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 if changed, or on an attachment with an address.

**SIGNATURE:** Philip Friedlander 4/8/95 813-522-0267
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0004439