

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

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

3. Date Incorporated or Qualified

06/01/1970

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEIN, HENRY A ESO  
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 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD  
NAME STEIN, HENRY  
STREET ADDRESS 270 FIRST AVE SO. STE 300  
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE VPD  
NAME MCCARTHY, TERRY  
STREET ADDRESS 3663 BAYSHORE BLVD NE  
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE SD  
NAME DIBIASIO, DAN  
STREET ADDRESS 2051 ILLINOIS AVE NE  
CITY-ST-ZIP ST. PETE FL

☐ DELETE

TITLE D  
NAME BEWLEY, ED  
STREET ADDRESS 4101 76 AVENUE N.  
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE TD  
NAME FRIEDLANDER, PHILIP  
STREET ADDRESS 5229 DENVER ST. NE  
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE D  
NAME POLITANS, FRANK  
STREET ADDRESS 2132 MONTONA AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)